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ABSTRACT

This guide provides a framework for Acquired Immune Deficiency Syndrome (AIDS) instruction within a comprehensive health education program stressing positive health behaviors. The guide is structured to: (1) provide information to school personnel on how to implement a home/school/community approach to AIDS instruction; (2) provide suggested grade-level cluster lessons that are considered age-appropriate and sequentially developed through objectives and learner outcomes from K-12; (3) stress healthful lifestyles; (4) provide, in grades K-6, a focus on AIDS that will allay fear and concern; (5) stress abstinence in all lessons where methods of prevention are discussed; (6) provide connections to the Health Syllabus and Regents Goals; and (7) provide current information on AIDS. The following information is appended: (1) education law, regulations of the Commissioner of Education, and rules of the Board of Regents; (2) sample adolescent pregnancy prevention projects; (3) information on AIDS and condoms; and (4) compendium of teacher vocabulary lists. (JD)

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AIDS

INSTRUCTIONAL GUIDE

Grades K-12

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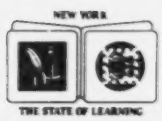
The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Bureau of Curriculum Development
Albany, New York 12234

HEALTH AIDS

INSTRUCTIONAL GUIDE
Grades K-12



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December 1987

TO: Persons with Responsibility for Implementing Health Education Programs

FROM: Edward Lalor, Director, Division for Program Development
Michael Willie, Director, Division of Pupil Health and Fitness

SUBJECT: *AIDS Instructional Guide: Grades K-12*

The *AIDS Instructional Guide: Grades K-12* provides a framework for AIDS instruction within a comprehensive health education program stressing positive health behaviors. The information contained in the guide is only a recommended approach to AIDS instruction. Each school district will need to review the guide with its community Advisory Council to decide on those program components which best meet the needs of students and express community values, consistent with Commissioner's Regulations, Subchapter G, Part 135 (see Appendix A).

The guide has been structured to achieve the following:

- Provide information to school personnel on how to implement a home/school/community approach to AIDS instruction
- Provide suggested grade-level cluster lessons that are considered age-appropriate and sequentially developed through objectives and learner outcomes from K-12
- Stress healthful lifestyles
- Provide, in grades K-6, a focus on AIDS which will allay fear and concern
- Stress abstinence in all lessons where methods of prevention are discussed
- Provide connections to the Health Syllabus and Regents Goals
- Provide current information on AIDS.

There will be periodic updates to this guide as new information and instructional techniques become known to assist you in instruction. Also, as various print and graphic materials are assembled for AIDS instruction and reviewed by designated staff and Advisory Council members, consideration should be given to appropriate filing and storage of such materials, as some technical and "for teacher" items on this topic and allied topics could be considered inappropriate for student use. Any resources that are placed in the school library collection should first be reviewed for their appropriateness for student use. Please refer to the New York State Education Department publication, *Selection Guidelines: School Library Resources, Textbooks, Instructional Material*, for assistance with district review policies and procedures.

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Foreword

The Regents and the Commissioner intend that any teaching about AIDS be conducted only within a comprehensive program of instruction in positive health values and habits. Pupils should be taught self-respect and respect for others. They should learn to act in ways which promote their own healthy growth and development and to avoid acts which may bring harm or injury. They should learn to be responsible for their own behavior and for the consequences it may have on themselves and other people. They should learn to appreciate the value of the nurturing relationships that occur within stable families. They should be taught to abstain from sex. They should be led to understand that postponing sexual activity until adulthood increases one's positive life choices for career and marriage. Only within such a context of positive teaching about health and personal responsibility should instruction about AIDS be provided.

This publication is designed to provide school administrators and teachers with information and approaches needed to address AIDS (Acquired Immune Deficiency Syndrome) instruction within a comprehensive health education program in accordance with Commissioner's Regulations (see Appendix A). AIDS is a disease about which we need to know more and for which there is no cure. It has resulted in death to persons having the disease, and can affect everyone in a community.

Education is the most valuable tool against the spread of HIV (Human Immunodeficiency Virus) infection and the disease AIDS. Such education is associated with moral, religious, and legal values that require examination by school administrators, teachers, parents and guardians, students, representatives of community health and religious organizations, and others. This ensures that the AIDS instructional program deals with the public health threat while reflecting the established values associated with promoting positive health behaviors for school-age children and youth.

This publication consists of several sections: an introduction which describes the context within which AIDS instruction should be provided; a section describing a suggested process for local school districts to follow to plan, implement, and evaluate AIDS instruction; sections that discuss a family life approach to AIDS education and integrating values; a section explaining how to use the lessons in this guide; sections that provide suggested lessons and accompanying teacher notes; and appendices which provide further information to assist in developing an AIDS instructional program.

The *AIDS Instructional Guide: Grades K-12* was developed with the guidance of an Advisory Committee. Members were: Frank Ambrosie, Superintendent, Jamesville-Dewitt Central Schools, Dewitt; Clifford Bennett, Manager, Student Support Services, Patchogue-Medford School District, Patchogue; Robert Bixler, Narcotic and Drug Research, Inc., New York State Division of Substance Abuse Services, Albany; Deirdre Breslin, Executive Assistant to the Director, New York State Division of Alcoholism and Alcohol Abuse, Albany; Shirley Burris, Assistant, New York State Division of Alcoholism and Alcohol Abuse, Albany; Joyce DeRitis, Head School Nurse-Teacher, Binghamton City Schools, Binghamton; Ted Eastlund, M.D., Medical Director, American Red Cross Blood Services, Northeastern New York, Albany; Alden Haffner, Vice Chancellor for Research, Graduate Studies and Professional Programs, State University of New York at Albany, Albany; Jane Holmes, Director, Education and Training Section, AIDS Institute, New York State Department of Health, Albany; Francis Lisewski, Director, Health, Physical Education, and Health Services, Rome City Schools, Rome; Monica Meyer, M.D., Director, Bureau of Child Health, New York State Department of Health, Albany; Alice Miller, President, New York State Federation of Professional Health Educators, and Chairperson, Department of Health Education, Russell Sage College, Troy; Lloyd Novick, M.D.,

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This guide was reviewed by: Judy Alexanderson, National Educators Association, Plainview Congress of Teachers, Woodbury; John Alquire, New York State United Teachers; Morton Avigdor, Agudath Israel of America; Zvi Berger, Board of Jewish Education of Greater New York; Sr. Mary Ann Brawley, Catholic School Administrators Association of New York State; Theresa Briggs, M.D., Albany County Health Department, Albany; Barbara Cox, Yonkers City Schools, Yonkers; Margaret Davis, New York State Congress of Parents and Teachers; J. Alan Davitt, Executive Director, New York State Catholic Conference; Barbara Egan, New York State United Teachers; George Fesko, United Federation of Teachers, New York City; Paulette Ford, National Educators Association; Kathleen Gallagher, New York State Catholic Conference; Rachell Green, Buffalo City Schools, Buffalo; Peter Griffin, School Administrators Association of New York State; Sheila Gutter, United Federation of Teachers (New York City); Jane Holmes, AIDS Institute, New York State Department of Health; Patricia Lees, New York State Council on Children and Families; Debra Lipkowitz, New York State School Boards Association; Francis Lisewski, Rome City Schools; Donald Lyman, M.D., California Department of Health Services; Phil Martin, New York State Council of School Superintendents; Megan McCormack, National Education Association; Joseph McTighe, New York State Catholic Conference; Monica Meyer, M.D., New York State Department of Health; Alice Miller, President, New York State Federation of Health Educators; Greg Nash, National Educators Association; Lloyd Novick, M.D., New York State Department of Health; Dr. A. Harry Passow, Teachers College, Columbia University; Robert Ragsdale, Director, State Relations, American Red Cross in New York State; Joseph Saccente, Chief of Operations, New York City Board of Education, Brooklyn; Charles Santelli, Executive Director, New York State United Teachers; Steven Schreiber, New York State Division for Youth; Lynn Stone, New York State Department of Social Services; the Rev. Don Stroud, New York State Council of Churches; Sam Utter, New York State Association for Health, Physical Education, Recreation and Dance, Gates-Chili High School, Rochester; Silvestre Wallace, New York State Division for Youth; Dennis Whalen, Executive Assistant to the Director, New York State Division of Substance Abuse Services; staff of School Health Education to Prevent Spread of AIDS, Centers for Disease Control; the New York State Education Department's Division of Civil Rights and Intercultural Relations; the New York State Education Department's Division of Pupil Services; the New York State Education Department's Office for the Education of Children with Handicapping Conditions; the New York State Education Department's Office of Comprehensive School Improvement Planning; the New York State Education Department's Office of Services for Native Americans; and the New York State Education Department's Bureau of Bilingual Education.

We appreciate the time and effort all the reviewers took to share their opinions. All reviewers' comments were carefully reviewed and considered. However, since all comments did not concur, not all of them were included. The fact that a reviewer's name appears on these pages should not be [illegible] his or her approval of the final versic[illegible]

Introduction

AIDS education should be conducted within a comprehensive health education program stressing positive values and behaviors. In such a program, students should learn to:

- respect themselves and respect others
- value nurturing relationships which occur within families
- behave in ways that promote healthy growth and development
- behave in ways that reduce risk by avoiding acts which may bring harm or injury
- be responsible for their own behavior and its consequences
- abstain from sex, and understand that postponing sexual activity until adulthood increases one's positive life choices for career and marriage
- abstain from illegal drug use.

It is within such a context of positive teaching about health and personal responsibility that instruction about AIDS should be provided.

Key considerations in developing a framework for the establishment of these desired student behaviors are the Regents Goals, especially Goal #5, which stresses civic values. In its *Action Plan to Improve Elementary and Secondary Education Results in New York*, the Board of Regents has identified the values that each student should develop: "Each student will respect and practice basic civic values..., which are those shared values which we believe are necessary to the survival of a free and democratic society – justice, honesty, self-discipline, due process, equality, and majority rule with respect for minority rights; respect for self, others, and property; and the ability to apply reasoning skills and the process of democratic government to resolve societal problems and disputes." Closely linked to these values are values such as self-worth, protection of self and others, responsibility for one's actions, and responsibility to the community.

Positive values, skills, and attitudes, as derived from the Regents Goals for Elementary and Secondary Education, permeate all of the curriculum materials developed by the State Education Department. All of these skills, attitudes, and values are transmitted through all of the content areas. For example:

- *Social Studies Syllabus: Grade 3* Understandings include that families exist in all communities, though they may differ in type and organization.
- *English Language Arts Syllabus: Grades K-12* Chart of Expectations for Student Writers Grades K-3 includes that students will express personal feelings, reactions, values, interests, or attitudes.
- *Arts for Elementary School: A Syllabus* identifies anticipated learning outcomes to include that students will understand other points of view.
- *Elementary Science Syllabus* includes among its program goals that students will solve problems effectively and with ease.

Instruction in all content areas should focus on helping students gain the knowledge, skills, and experience necessary for them to understand the importance of civic values to our society. Instruction should also promote the development of self-esteem, the maintenance of health, and the understanding of the effects of drugs. No single syllabus or guide in any content area is sufficient to accomplish these goals. Lessons in the various subjects should reinforce each other, collectively leading to establishment of the goals. The AIDS guide has a role to play in this process. However, the guide has not been designed to accomplish this purpose by itself.

The *Health Education Syllabus: Grades K-12* defines the following outcomes for health education:

- to develop awareness of the role of health in the lives of individuals, families, and the community
- to nurture the development of attitudes that place a high value on optimal health
- to foster the development of self-awareness and self-esteem

- to provide students with the understandings and skills required to set goals, make informed decisions, and solve health problems
- to enable students to deal effectively with change and take increasing responsibility for health.

There are many ways to organize a health education program. The syllabus identifies 11 conceptual areas, which are defined in terms of the values, skills, and attitudes needed for lifetime health maintenance and promotion. They include:

I. **Human Growth and Development** – Knowing the human body and understanding the characteristics and natural progression of development in the life cycle for taking actions that promote health at each developmental stage.

II. **Emotional Health** – Recognizing the relationships among emotional reactions, social relationships, and health for establishing patterns of behavior that promote emotional health and sound interpersonal relationships.

III. **Nutrition** – Understanding the role of nutrition in the promotion and maintenance of health for establishing sound nutritional practices.

IV. **Environmental Health** – Recognizing that environmental factors have a direct effect on the health of the individual and of society and for taking actions that protect and improve the environment.

V. **Family Life Education** – Appreciating the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood.

VI. **Diseases and Disorders** – Understanding diseases and disorders and taking actions to prevent or to limit their development.

VII. **Consumer Health** – Understanding the factors involved in consumer health for making wise decisions in selecting and using health information, products, and services.

VIII. **Alcohol, Tobacco, and Other Drug Substances** – Understanding the factors involved in using drug substances appropriately and preventing abuse.

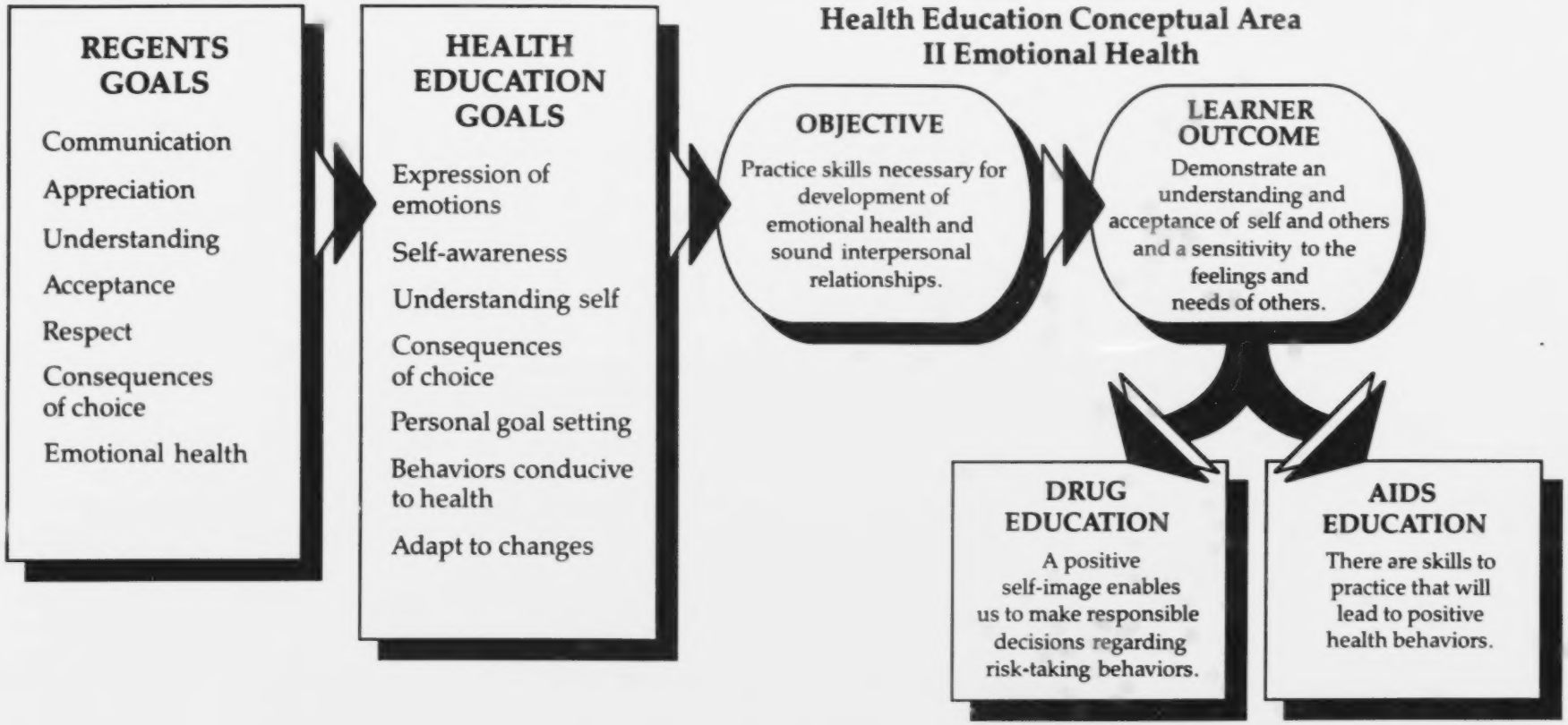
IX. **Safety, First Aid, and Survival** – Recognizing how safe environments promote health and well-being and learning procedures to reduce safety risks and respond effectively in emergencies.

X. **Community Health** – Understanding the importance of developing health services responsive to present and projected community needs and for becoming a contributor to the health of the community.

XI. **Healthful Lifestyles** – Appreciating the need for responsibility and planning for developing and maintaining a healthful lifestyle.

All of the health education conceptual areas incorporate the positive values, skills, and attitudes contained in the Regents Goals for Elementary and Secondary Education. The chart on the following page illustrates how the Regents Goals are translated into classroom activities within the health education program (within the conceptual area of Emotional Health) focusing on AIDS instruction as well as drug education.

WAYS IN WHICH THE VALUES, SKILLS, AND ATTITUDES OF THE REGENTS GOALS ARE TRANSLATED INTO CLASSROOM ACTIVITIES WITHIN HEALTH EDUCATION


REGENTS GOALS
Communication
Appreciation
Understanding
Acceptance
Respect
Consequences of choice
Emotional health
HEALTH EDUCATION GOALS
Expression of emotions
Self-awareness
Understanding self
Consequences of choice
Personal goal setting
Behaviors conducive to health
Adapt to changes
Health Education Conceptual Area
II Emotional Health
OBJECTIVE
Practice skills necessary for development of emotional health and sound interpersonal relationships.
LEARNER OUTCOME
Demonstrate an understanding and acceptance of self and others and a sensitivity to the feelings and needs of others.
DRUG EDUCATION
A positive self-image enables us to make responsible decisions regarding risk-taking behaviors.
AIDS EDUCATION
There are skills to practice that will lead to positive health behaviors.

The AIDS instructional program should be sequentially designed and coordinated with the K-12 health education program. The *AIDS Instructional Guide: Grades K-12* provides sample lessons for grade-level clusters (K-3, 4-6, 7-8, and 9-12) as suggestions for local choice and adaption to local circumstances. Activities are placed at the grade level at which it is most likely that positive health behaviors may be practiced.

The lessons promote the development of students' reasoning and problem-solving skills, skills which form a basis for discussion and decision making within the context of values. Within the framework of these values, consistent with the advice of public health authorities, the lessons focus on the objectives:

- There are some diseases that are communicable diseases.
  - AIDS is a communicable disease.
- There are skills to practice that will lead to a healthful lifestyle.
- There are community resources for information, help, and counseling.
- There are methods of prevention for AIDS.
- There are social and economic implications of AIDS.

An effective AIDS instructional program should complement the 11 conceptual areas contained within a comprehensive health education program for the purpose of maintaining, reinforcing, or enhancing the behaviors conducive to positive health practices.

Much has already been said about AIDS instruction within health education and, to the extent that understanding values is important, the values implicit in AIDS instruction must be consistent with the values in all subject areas. Regarding health education, the term "comprehensive health education program" has another meaning. In this second sense, health education is comprehensive in that a complete program involves connections between the school, the home, and the community. The *Health Education Syllabus: Grades K-12* and the *AIDS Instructional Guide: Grades K-12* address pedagogical facets of an effective instructional program, but a comprehensive program must involve the home and the community. Classroom instruction should not be perceived as the only, or even the most prominent, influence on what students do about health. Family members, peers, media messages, and other social and community forces may also influence how students behave and what they value. Cooperation among school, home, and community fosters a clear and positive message to students which has the potential to offset the negative influences they may experience.

PROGRAM COMPONENTS THAT SUPPORT AIDS INSTRUCTION

The community and home components of a comprehensive health education program involve using community resources in the school, involving parents in school programs, providing health services to pupils, and involving pupils in constructive after-school activities. These programs collectively reinforce the instruction in values which takes place in the classroom. They provide alternative activities in which students can participate. These programs help students develop mature attitudes about health in general and often lead students to see the benefits of delaying sexual activity.

An example of one such program which brings together resources at the local community level is the Community Services Project located at the Mt. Vernon School District in Mt. Vernon, NY. The school district is the lead agency for bringing together a broadbased community group to offer and expand school and community programs targeted for high school students. Such programs include a wellness center and a family life education program at the high school, community services offered at the Urban League, and career counseling and employment readiness at the Mt. Vernon Youth Board. A brief description of other similar programs is contained in Appendix B.

Thus it is from the interrelationships of the program components that students at every age will be helped to appreciate the joy and value of sound physical and mental health. They will develop habits of healthy living which promote self-respect and respect for others. They will understand that by deferring sexual activity they increase the range and quality of their positive life choices – for job and career, and for marriage and a stable family. Teaching about AIDS should always be done within this positive context of wholesome personal and family values. Activities provided by the school, the home, and the community allow for the students' energies and interests to be channeled constructively, thereby permitting students to practice responsible behaviors as they mature toward jobs, careers, marriage, and family.

Planning, Implementing, and Evaluating AIDS Instruction

The responsibility for planning, implementing, and evaluating an effective AIDS instructional program lies with the district and building administration, the Health Coordinator, the board of education, students, parents, the community at large, and the teaching staff. At various steps in the process, this responsibility is shifted and shared, depending on the task at hand.

The process that a local school district follows to develop an AIDS instructional program is a crucial link between local needs and recommendations and requirements put forth by State authorities. An effective process enables school districts to tailor the instructional program to the particular needs of their students and involve the community in ways that can best meet the educational goals.

Planning, implementing, evaluating, and adapting a curriculum is the key function of the Health Coordinator or other designated individual charged with responsibility for the development of the district's health education program, including its AIDS instructional program. Although there are similarities in the curriculum development process for any subject area, there are two features that are special to AIDS instruction:

Establishment of an Advisory Council–School districts need to establish an Advisory Council which will be responsible for making recommendations concerning the content, implementation, and evaluation of an AIDS instructional program. The Advisory Council shall consist of parents, school board members, appropriate school personnel, and community representatives, including representatives from religious organizations. Existing district health education or health-related advisory committees may be able to address AIDS instruction provided the membership is reflective of that which is contained in the Commissioner's Regulations and the membership can fully address AIDS instruction.

Sensitive Nature of Topic–AIDS instruction deals with complex societal and personal values and issues. Discussion about an AIDS instructional program may touch on personal, religious, cultural, and moral perspectives. Initial and continuous communication on all aspects of the program is of the utmost importance. This process requires time, cooperation, and the participation of many people from the school, the home, and the community.

Consistent access to each component of the district's health education program, including AIDS instruction, must be provided to students with handicapping conditions to ensure that they receive the same information as other students enrolled in these classes. Instructional modifications may be necessary to enable these students to participate actively in regular education classes and to ensure their understanding of the information contained within this guide. Also, the health education program, including AIDS instruction, should be adapted to meet the needs of those students with more severe handicapping conditions who receive their health instruction in special education classes to ensure that the content is appropriate to their level of understanding.

In planning an AIDS instructional program, some factors that are special to AIDS instruction should be considered. These factors are listed below.

- To be successful, a school district's AIDS instructional program should be part of a comprehensive, integrated health education program. AIDS instruction cannot be treated as a set of isolated lessons dealing with the disease only, or at only one grade level. There are implications for understanding AIDS as a disease in order to take action to prevent or limit its development, but there are equally important links to other areas of health education.
- In order to be successful in learning and practicing positive health behaviors, students will need the grounding in health that comes from comprehensive health education as well as the specific skills and attitudes developed through instruction about AIDS.

Teaching positive health behaviors such as self-esteem, respect for others, and decision making will help students understand the immediate and long-term benefits of abstaining from sexual activity and illegal drug use. The students' learning and practicing positive health behaviors will be as important to them as their acquisition of knowledge.

- AIDS instruction is a shared responsibility. Its success will depend upon the cooperation of all school personnel and the participation of the home and the community.
- For the immediate future, educators will be faced with the challenge of reaching secondary students who need to know about AIDS but who may have already taken their health education courses. These students, too, will need to receive AIDS instruction.
- Knowledge about AIDS is continuously changing. Reasonable means for updating the knowledge base of school personnel are a necessity for accurate instruction.
- AIDS instruction will require dealing with the concerns of some community members about addressing sensitive, personal, lifestyle issues in the classroom.
- Educators will need to provide for AIDS instruction that is age-appropriate, is consistent with community values, and stresses abstinence as the most appropriate and effective premarital protection against AIDS.
- Educators will need to address the challenge of teaching issues that involve moral decisions, values, and personal feelings.

Though the nature and content of AIDS instruction in schools require a larger and more diverse group to be involved in curriculum planning, and though the board of education has ultimate authority to approve all programs, there are common procedures to be followed in the development of curriculum for any subject. The steps for undertaking this process are summarized below:

1. Designate an Advisory Council
2. Review current materials (State laws, regulations, syllabus recommendations, and past and current education efforts)
3. Conduct a needs assessment and establish priorities
4. Identify resources (school and community)
5. Develop an AIDS instructional philosophy
6. Develop an AIDS instructional program
7. Conduct community awareness activities
8. Conduct staff training
9. Implement the AIDS instructional program
10. Evaluate, update, and revise the program.

1. Designate an Advisory Council

An Advisory Council shall be appointed, consisting of those who will be affected by the decisions to be made, specifically, school board members, school administrators, curriculum developers, health educators, health-related school personnel, elementary and secondary teachers, and health and service personnel. Parents, parent organizations, students, community agency representatives, representatives from religious organizations, and other community members also need to be involved. The council should reflect the racial and ethnic diversity of the community. While it is important that members concur on the significance of AIDS instruction, council members should reflect a broad range of community perspectives.

Some kind of organizational structure needs to be established. This will vary, depending upon the size and complexity of the school district. It may be desirable to have subgroups for elementary and secondary levels. If so, it is essential to provide a means for regular communication between the two since the integration of the total curriculum is important.

Districts may want to assign the Advisory Council the responsibility of making recommendations along each of the steps in the process, or districts may seek recommendations concerning content, implementation, and evaluation of an AIDS instructional program. In either case, all steps in the program process should be carried out.

2. Review Current Materials

A survey of current materials is essential, and should be collected and made available for group discussion before the assigned task is undertaken. A collection of materials might include:

- State laws, regulations, and recommendations affecting curriculum
- the *Health Education Syllabus: Grades K-12*
- school board resolutions or recommendations regarding health education, AIDS education, substance abuse education, family life education, etc.
- the guide *Family Life/Human Sexuality Education: A Program Planning Guide for School District Administrators*, published by the State Education Department, Bureau of Health and Drug Education and Services

- the most recent information about AIDS prevention from health organizations
- all existing health education curricula used by the district for any grade level (including statements of philosophy)
- any special AIDS-related projects carried out in the district (health fairs, prevention projects, etc.)
- the *AIDS Instructional Guide: Grades K-12*
- books and periodical literature pertaining to health, substance abuse, family life education, etc., contained in teacher and/or student libraries.

A review of existing health education materials and activities in the school district provides information about the health education program into which AIDS instruction will be integrated, as well as information about activities specifically related to AIDS.

3. Conduct a Needs Assessment and Establish Priorities

A needs assessment is a vital part of educational planning and evaluation and a necessary prelude to instruction. Simply stated, it is the determination of what is presently in place and what must be done to reach the end desired – in this case, AIDS instruction. For AIDS instruction, there is a concern about specific problems, such as: preventing the further spread of HIV infection, dealing with unwarranted fear about AIDS and its transmission, and promoting positive health behaviors for students.

The assessment of needs and resources is a crucial task. There are a number of ways to conduct this assessment, and a combination of procedures will most likely yield the most comprehensive results. For example:

a. Surveys

Surveys can reveal valuable information about how AIDS is perceived by a community, and they can help identify school staff and members of the community who could be called upon to assist in further planning efforts.

Surveys can be conducted of:

- students
- faculty
- other school staff
- parents/guardians
- the community at large.

Surveys may be used to gather information on:

- staff knowledge, needs, and interests related to AIDS education, substance abuse education, and family life education
- parent/guardian and community knowledge, attitudes and values regarding AIDS education, substance abuse education, and family life education
- student knowledge about AIDS.

Surveys should be accompanied by a cover letter that explains the planning effort of the school district and how the information will be used. For those with limited English proficiency, such a cover letter may need to be translated into their native language.

b. Statistical Data

Statistical data that should be collected include:

- data on the magnitude of the AIDS problem and HIV infection
- data on the impact of this disease on social, medical, and financial institutions
- school and community data regarding child sexual abuse, substance abuse, adolescent pregnancy, etc.
- data on school problems such as absenteeism, suspensions, dropouts.

c. Community Awareness

Meetings should be held to inform the community that a concerted effort is being made to address the AIDS epidemic and to provide the community with a forum for discussing its concerns with respect to AIDS instruction. These concerns need to be incorporated within the data-gathering responsibility.

The district's needs assessment, once completed with items ranked according to priorities, provides the basis for instructional planning. The needs-assessment process is also an excellent method of creating awareness of the complementary roles of school, community, and parents/guardians in addressing this health crisis. Local data has far greater impact than national or state statistics.

4. Identify Resources (school and community)

Concurrent with conducting a needs assessment, resources within the school and community should be identified for AIDS instruction. It would be helpful to identify the:

- school personnel prepared to teach AIDS (health educators, school nurse-teachers, special education teachers, pupil personnel staff)
- community resources available to assist existing instructional personnel with AIDS instruction (community AIDS organizations/specialists, religious organizations, public health agencies, health care organizations, family planning agencies, local chapters of American Red Cross, substance abuse agencies, physicians)

- teaching materials available or needed to supplement AIDS instruction (audiovisual materials, print materials, existing curricula for health education, substance abuse education, and family life education).*

5. Develop an AIDS Instructional Philosophy

The next step is the preparation of a statement of philosophy for AIDS instruction. The philosophy should be consistent with the philosophy of health education set forth in the New York State *Health Education Syllabus: Grades K-12* but should also reflect the specific needs and values of the school district, the students, and the community. This philosophy will guide the instructional program. A school district's instructional philosophy about AIDS should stress positive values and behaviors in which students learn to:

- respect themselves and respect others
- value nurturing relationships which occur within families
- behave in ways that promote healthy growth and development
- behave in ways that reduce risk by avoiding acts which may bring harm or injury
- be responsible for their own behavior and its consequences
- abstain from sex, and understand that postponing sexual activity until adulthood increases one's positive life choices for career and marriage
- abstain from illegal drug use.

Only within a context of positive teaching about health and personal responsibility should instruction about AIDS be provided.

6. Develop an AIDS Instructional Program

a. Select Objectives

In order to select objectives for AIDS instruction, it will be necessary to review the descriptive information that explains the five objectives for AIDS education outlined in the *AIDS Instructional Guide: Grades K-12*. The five objectives are:

- There are some diseases that are communicable diseases.
  – AIDS is a communicable disease.
- There are skills to practice that will lead to a healthful lifestyle.
- There are community resources for information, help, and counseling.
- There are methods of prevention for AIDS.
- There are social and economic implications of AIDS.

When deciding how these (or other objectives) will be addressed, it will be necessary to consider whether or not objectives like these are being addressed currently in the health education program. For example, students at the K-3 level may be learning how to establish good health practices in their daily routines. Students in grades 7-12 are learning about the effects of alcohol, tobacco, and other drug substances. These topics within health education can be used to introduce some of the objectives related to AIDS.

Commissioner's Regulations require education for "child sexual abuse prevention" for students in grades K-6. Students at these levels may be at risk for exposure to AIDS through activities involving sexual abuse. Lessons from a district's child abuse prevention program may be used as a part of the AIDS instructional program.

Students at this level also are learning about their responsibilities as members of families and communities, not only within the health education program but through other curriculum areas as well. For example, in social studies students learn about their role and that of others at home and at school, in safety education they learn about rules at home and at school, and in all subject areas they learn that they have responsibilities. These values can be built upon to help students understand responsibilities for self and others, thus building on the objectives for AIDS education taught in the health program.

b. Recommend Content, Methods, and Activities and Describe Behaviors Anticipated

Once the objectives have been determined for AIDS instruction it is necessary to delineate the specific content that will be introduced and/or reinforced to meet the objectives. It will also be necessary to decide on methods of introducing/reinforcing the content, the specific activities in which students will engage, materials to be used, and evaluation techniques.

For example, the *AIDS Instructional Guide: Grades*

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* A Note About Resources

As various print and graphic materials are assembled for AIDS instruction and reviewed by designated staff and Advisory Council members, consideration should be given to appropriate filing and storage, as some technical and "for teacher" items on this topic and allied topics could be considered inappropriate for student use. Any resources that are placed in the school library collection should first be reviewed for their appropriateness for student use. Please refer to the New York State Education Department publication, *Selection Guidelines: School Library Resources, Textbooks, Instructional Material*, for assistance with district review policies and procedures.

K-12 suggests that students in grades 4-6 will understand the body's immune system. One school district may determine that this is, indeed, appropriate content for students in grades 4-6. Another school district may determine that understanding the body's immune system is too sophisticated a topic for its students in grades 4 and 5 but would be appropriate for students in grade 6, and still another school district may determine that while the content is appropriate for students in grades 4-6, simpler language should be used.

The school district will decide what the anticipated behavior of students will be after instruction takes place. In the example given above, the positive health behavior anticipated is that "students will reduce their own exposure to infection."

c. Field-test Curriculum

It is important for classroom teachers to field-test suggested lessons to provide information that may improve the draft curriculum.

d. Revise Curriculum

Initial revisions may need to be made to the curriculum based on the field test and reviews by selected administrators and teachers. Later revisions may be necessary after the curriculum has been used by all teachers and other school staff who will need to review the content, as medical knowledge about AIDS changes and as the district learns from classroom experiences.

7. Conduct Community Awareness Activities

After initial awareness (see step 3C), instruction-related awareness is important.

Introducing new AIDS instruction to parents and community members is critical to gain support for the overall program and for successful implementation of the program in the classroom. It is essential to present a clear picture about the need for the instruction, the decision-making process used, the philosophy adopted; the goals and objectives to be used, and the content to be stressed. Parents and members of the community will need to be kept up-to-date on the efforts being made to incorporate AIDS instruction into the district's comprehensive health education program. This can be done through: open houses, evening informational sessions, parent newsletters and other communication methods a district may now have in place. Special outreach efforts should be made to reach parents not clearly associated with school activities or who may need information translated into their native language. Community-based organizations and religious organizations working and serving diverse parent constituencies can be helpful in this outreach effort. Parents will also need to know how to access materials from the school to assist them in providing their children with AIDS instruction should they desire this. Parents should also be informed of their right and the procedure to follow to remove their child or children from instruction related to AIDS prevention.

8. Conduct Staff Training

In order to assure that AIDS instruction will be effective, comprehensive and ongoing, training must be provided for the staff. Accurate information, a common framework for providing AIDS instruction, specific goals and implementation strategies are all essential elements to a successful instructional program. Teachers will need to increase competencies in working with the knowledge, skills, and attitudes required for AIDS instruction.

9. Implement the AIDS Instructional Program

Classroom teachers and other school personnel responsible for implementation will need assistance in the form of ongoing in-service and technical assistance. Regular feedback from those implementing the program is essential to determine if further revisions or clarifications to the AIDS instructional program are needed.

10. Evaluate, Update, and Revise the Program

Evaluation is the process by which a district identifies the effectiveness of the program. Evaluation should focus on the components of the program such as the objectives, the learner outcomes, and the suggested activities.

Evaluation methods for AIDS education are similar to those for health education and may include:

- observations
- anecdotal records
- objective pretests and posttests
- attitudinal inventories
- interviews
- surveys and questionnaires
- checklists
- health data analyses
- self-assessments
- teacher-developed tests.

The methods selected for a particular evaluation activity will vary according to the purpose of the task. In most instances, a combination of objective records and subjective judgments is used. When a variety of procedures are used and consistent patterns are observed, the evaluation is considered to be more reliable than when only one technique is used.

Evaluation is an ongoing process. Data should be gathered periodically and analyzed in relation to defined program objectives and outcomes. Program modifications should be made, as necessary, and training should be provided whenever program changes are made.

How to Use This Guide

The structure of this guide parallels the structure of the *Health Education Syllabus: Grades K-12*. It is organized by grade-level clusters and by objectives. At the lowest grade levels, the emphasis is not on the disease of AIDS but on the general concepts of communicable diseases, healthful lifestyles and community resources. As the students become older and approach sexual maturity, the material becomes more specifically related to AIDS. Material is presented when it is developmentally appropriate and in ways that make sense to students at a particular age level.

The person responsible for health education in your district will need to review the grids preceding each grade-level cluster. Each grid contains the lessons for that grade-level cluster identified by number (#) and learner outcome. The lessons are organized by objectives which provide the format for organizing an AIDS instructional program consistent with the Commissioner's Regulations and allow for an easy way to evaluate such a program. The five objectives, which are consistent in the total instructional program, are:

1. THERE ARE SOME DISEASES THAT ARE COMMUNICABLE DISEASES.

   A disease is a condition that impairs performance of a body or its parts. Some diseases are communicable and can be transmitted directly or indirectly from one person to another. Diseases may be transmitted by bacteria, viruses, or other organisms. AIDS is a communicable disease that is transmitted by a virus (Human Immunodeficiency Virus or HIV) directly from one person to another by contact with infected blood, infected semen, or infected vaginal secretions.

2. THERE ARE SKILLS TO PRACTICE THAT WILL LEAD TO A HEALTHFUL LIFESTYLE.

   Skills have been identified which will enhance the development of self-esteem and respect for others, such as: practicing good health habits; practicing the responsibilities involved with family, friends, and school; showing an appreciation for one's own uniqueness and the uniqueness of others; recognizing the consequences of choices; practicing skills in saying no; recognizing the value of abstinence; and recognizing the influence of media messages. Opportunities to practice these and similar skills are emphasized in the lessons at each grade-level cluster.

3. THERE ARE COMMUNITY RESOURCES FOR INFORMATION, HELP, AND COUNSELING.

   Supports and resources are identified at all levels, from kindergarten through grade 12, reflecting school, home, and community resources. There are opportunities for students to learn where they are able to obtain support for themselves and their families and where they are able to give support to their families and friends.

4. THERE ARE METHODS OF PREVENTION FOR AIDS.

   The virus that causes AIDS is transmitted via infected semen or infected vaginal secretions during sexual intercourse, via the exchange of infected blood by transfusion, via infected blood from users sharing needles and/or works during intravenous drug use, or via infected women passing it on to their babies during pregnancy or delivery. At present the most effective known methods of prevention for AIDS include: sexual abstinence, abstinence from illegal drug use, a mutually monogamous marriage/relationship with a partner with no known risk factors, education, and counseling.

5. THERE ARE SOCIAL AND ECONOMIC IMPLICATIONS OF AIDS.

   The social and economic implications of AIDS are explicit in the 7-12 lessons. Students at all grade levels will be able to recognize the delicate balance between the need to protect the rights of the individual and the need to protect the health of all people.

The lessons in this guide are meant to be used by each teacher and each school district in a way that is appropriate to the needs and resources of that school district. Learning may be achieved through a variety of activities, but mastery of learner outcomes for each grade-level cluster is expected by the end of that cluster. By the end of each grade-level cluster, each learner outcome should have been met. It will be necessary to coordinate grade-level offerings to be certain this is accomplished.

For example, in grades K-3 there are three objectives:

1. There are some diseases that are *communicable diseases.*
2. There are skills to practice that will lead to a *healthful lifestyle.*
3. There are *community resources* for information, help, and counseling.

Contained within those three objectives are the eight learner outcomes that students should be able to demonstrate by the end of grade three:

1. Distinguish between communicable and noncommunicable diseases
2. Understand how communicable diseases are transmitted
3. Practice good health habits
4. Demonstrate personal safety skills
5. Show an appreciation of one's uniqueness and the uniqueness of others
6. Recognize choices and their consequences .
7. Describe how family members show care and help one another
8. Know and use appropriate health resources.

The same organization exists for each of the other grade-level clusters, 4-6, 7-8, and 9-12.

Since AIDS instruction was developed to be consistent with a comprehensive health education program, it may well be that your district is already working toward several of the desired learner outcomes at each grade-level cluster. If this is the case, review the specifics of your current learner outcomes to make certain they are actually consistent with the desired outcomes in this guide, and feel free to substitute your current lessons for those in the guide. Teachers should be able to call upon school district and community resources to help them in understanding the concepts to be taught and in presenting the lessons to their students, as necessary.

As you review the Pattern of Lesson Development at each grade-level cluster, it will be apparent that the largest number of lessons are devoted to practicing skills that will lead to a healthful lifestyle. Such skills will include:

- practicing good health habits
- recognizing the help and support that family, friends, and school can provide
- showing an appreciation for one's own uniqueness and the uniqueness of others
- recognizing the influence of media messages
- abstaining from sexual intercourse and illegal intravenous (IV) drug use.

The healthful lifestyle activities permit students to make decisions over which they have control and give students an opportunity to understand the relationship of their health practices to their well-being. At best, they will have had an opportunity to practice those skills that will lead to self-directed, positive behaviors.

The lessons are presented in a lesson plan format, and each lesson should be approached as a total process, beginning with a motivating activity and moving on through an activity for:

- Identification (developing knowledge and/or understandings)
- Effective Communication (discussion, debate, visual expression, role-plays)
- Decision Making (resolving, deciding, discussing, committing).

This process permits the teacher and students to interact as information is shared and skills are practiced, and it is designed to encourage student thought, activity, and decision making. Each lesson identifies the positive health behaviors expected of students as a result of the lesson.

Also, included on the lesson plan form, for your convenience, is the following information:

- Lesson Number
- Grade-Level Cluster
- Objective
- Learner Outcome
- Comprehensive Health Education Topic(s): refers back to syllabus sections
- Values Integration: refers to civic values, contained in the Regents Goals.

All of the lessons are preceded by Teacher Notes, which provide background information germane to the lesson, Special Consideration (where applicable), a Teacher Vocabulary list, an indication of the Syllabus Connection and Values Integration, as well as charts

and myth-fact sheets. The charts and myth-fact sheets can be adapted for student use.

All schools in New York State must provide students with instruction concerning AIDS. The Commissioner's Regulations, Part 136, require that:

- instruction provide accurate information concerning the nature of the disease, methods of transmission, and methods of prevention
- instruction stress abstinence as the most appropriate and effective premarital protection against AIDS
- instruction be consistent with community values
- instruction be age-appropriate
- students, at the request of the parent, may be excused from the methods of prevention portion of instruction provided the parents agree to teach such prevention.

The Pattern of Lesson Development and the lessons are designed to ease the task of complying with the regulations. All lessons, as appropriate, stress abstinence; the values to be included are clearly identified on each lesson, and grade-level cluster designations guide determinations for age-appropriateness. There are six lessons which deal with AIDS prevention, one at grades 4-6 (Lesson #18), two at grades 7-8 (Lessons #27a and #27b) and three at grades 9-12 (Lessons #36a, #36b, and #36c). Lessons #18, #27a, and #36a deal with understanding how abstinence from illegal drug use can prevent the transmission of the AIDS virus. Lessons #27b and #36b deal with understanding how abstinence from sexual activity can prevent transmission of the AIDS virus. Lesson #36c deals with understanding how to prevent the transmission of the AIDS virus to an unborn baby.

As always, teachers should be aware of the needs of their students. Instructional techniques and materials may need to be modified or adapted to permit students the opportunity to acquire the basic understanding of this guide. Developmental appropriateness should be considered for each of the suggested lessons. Students need to be mature enough and have previous learning experiences so that they can participate in and profit from the lessons.

A Family Life Approach to AIDS Instruction

AIDS instruction takes place within a comprehensive health education program. Such a program should include a segment on family life education, as recommended by the *Health Education Syllabus: Grades K-12*, and would incorporate instruction in appreciating the role of the family in society, and in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood.

In the absence of a family life education guide, some of the program objectives and learner outcomes of a family life education program have been partially integrated into this guide. The *AIDS Instructional Guide: Grades K-12* provides lessons that explore:

- family structure
- roles and responsibilities of family members
- responsibilities for exploring sound interpersonal relationships
- characteristics of nurturing families
- sexual relationships.

The guide also deals with the values of respect for self and others and responsibility to self and others. The early grades focus on recognizing responsibilities of family members; in the middle grades the focus shifts to responsibilities toward others; and the upper grades stress the validity of peer relationships while recognizing abstinence from premarital sexual activity as the appropriate behavior for students.

Sex is not simply a form of stimulation and personal enjoyment, but carries with it both risk and responsibility. Abstinence is a lifestyle that affords greater opportunities for emotional, psychological and educational growth:

Advantages of Abstinence

- free from pregnancy and venereal disease
- free from the bother and dangers of the pill, IUD, and other contraceptives
- free from pressure to marry before you are ready
- free from abortion
- free from the trauma of having to give your baby up for adoption
- free from exploitation by others
- free from guilt, doubt, disappointment, worry, rejection
- free to be in control of your life
- free to focus energy on establishing and realizing life goals
- free to develop a respect for self
- free to develop an unselfish sensitivity
- free to have greater trust in marriage
- free to enjoy being a teenager

Within a family life education program, the positive aspects of human sexuality and the recognition of the role of sexuality in deep, ongoing, nurturing relationships would be explored. In such a program, sexual activity would be seen as something worth delaying as part of an understanding of personal development and long-range career and family plans – not just as the conveyor of a disease.

A human sexuality component of a family life program would include but not be limited to:

- developing a positive self-image
- factors influencing sexual development
- how individuals are sexual beings
- the biological aspects of human sexuality
- choices in human sexuality related to personal, community, and religious expectations
- skills needed in preparing for and maintaining a marriage and parenthood.

The AIDS guide, because it deals with a disease which may be transmitted sexually, alludes to some of the topics listed above but it does not deal with them fully or with the circumstances when one may be mature enough to assume the responsibility for a sexual relationship and the positive values associated with such a decision.

It is vital that this broader and more meaningful context of human sexuality be included in comprehensive

health education and be correlated with AIDS instruction as it gives credence to the values and integrity of family relationships. Recognizing that family relationships provide the foundation for students to develop nurturing relationships outside the family, these lessons can be enhanced by parental and family involvement and support. It is important that parents and guardians take a role in providing accurate information and clearly defined values regarding sexuality for their youngsters. Parents should serve as role models for their children as attitudes and behaviors they communicate are important to a child's development. Sexuality has implications for all dimensions of human life and should be approached positively and in a way that helps children develop healthy relationships promoting emotional, psychological, spiritual, and social growth.

Integrating Values

The Regents in their Goals for Elementary and Secondary Education set forth civic values to be included in instructional programs. The civic values most closely allied to health education are reasoning, respect for self and others, acceptance and appreciation of others, and self-discipline. Derived from these values are the positive health behaviors of:

- nurturing relationships which occur within families
- behaving in ways that promote healthy growth and development
- being responsible for one's own behavior and its consequences
- abstaining from sex
  - understanding that postponing sexual activity until adulthood increases one's positive life choices for career and marriage
- abstaining from illegal drug use.

These positive health behaviors reflect other values and are identified in each lesson, as appropriate.

Those charged with developing local programs should be certain that such programs include these values and behaviors and are consistent with community values. Teachers should be encouraged to explore fully these values and behaviors, in classroom activities.

There are several different ways to approach the teaching of values and positive health behaviors. Because values are "better caught than taught," the most effective modes of teaching are usually direct: by example or by role model. Combined with this direct method may be identification of community norms and values (which are often taken for granted but not recognized as values unless so identified).

Indirect methods of instruction may include discussions of dilemmas in which solutions are considered in terms of the moral issues involved. Lesson #37 presents an example of this method of instruction in the format of a debate which weighs the issue of the individual's right to privacy vs. the society's right to protect itself from a major health threat.

Another indirect method of instruction allows for a process approach in which students: identify issues, choose alternatives, weigh the alternative within the community values, and act appropriately. Lesson #33 presents an example of this method of instruction in the format of assessing media messages.

The method of instruction for values and positive health behaviors must vary according to the ability and knowledge of the students and the learner outcomes one is seeking. Each method provides opportunities to help the learner determine right from wrong and to recognize that each choice one makes has consequences for oneself and others. Each method seeks to help students achieve what is right and good in the conduct of one's life in the school and the community.

PATTERN OF LESSON DEVELOPMENT – GRADES K-3

The K-3 lesson cluster defines three objectives which lay a firm conceptual and behavioral foundation for AIDS instruction at higher grade levels, namely:

- There are some diseases that are communicable diseases.
- There are skills to practice that will lead to a healthful lifestyle.
- There are community resources for information, help, and counseling.

The learner outcomes within each of these objectives are delineated as follows:

Communicable Diseases	*Healthful Lifestyle*	*Community Resources*
#1 Distinguish between communicable and noncommunicable diseases	#3 Practice good health habits	#8 Know and use appropriate health resources
#2 Understand how communicable diseases are transmitted	#4 Demonstrate personal safety skills	
	#5 Show an appreciation of one's uniqueness and the uniqueness of others	
	#6 Recognize choices and their consequences	
	#7 Describe how family members show care for and help one another	

The learner outcomes are designed to help develop recognition of communicable diseases and knowledge of how they spread and to promote self-esteem, health habits, and personal skills which foster and enhance the overall quality of a healthful lifestyle.

It must be noted that no specific AIDS information is presented at this level. However, since students in this age group may experience fears about contracting the disease themselves, it is important that questions which arise concerning AIDS be addressed honestly and simply with an emphasis placed on reducing such fears.

At the end of this grade-level cluster, students should be able to demonstrate proficiency in each of the learner outcomes, identified in the eight lessons.

Correlation with existing K-3 health education programs may demonstrate that the learner outcomes within AIDS instruction are also contained in the existing program and need not be repeated.

Teacher Notes on Lesson 1

Background

This lesson lays the foundation for understanding the difference between communicable and noncommunicable diseases. It will form the basis for understanding communicable diseases and for learning in later lessons how we communicate about AIDS within the context of a comprehensive health education program. Students are helped to understand that:

- Some diseases are communicable; they can be passed from one person to another (cold, strep throat, flu, chicken pox).
- Some diseases are not communicable; they cannot be passed from one person to another (allergies, diabetes, heart disease).
- There are some positive health behaviors that can be followed to minimize getting diseases.

As a result of this lesson, students should recognize that some diseases are communicable and some are not. Lesson #2 will consider the specifics of what causes communicable diseases and how such diseases are spread from person to person.

Teacher Vocabulary

Communicable disease – A disease that is transmitted directly or indirectly from one person to another. It is caused by bacteria, viruses, and other organisms or their toxic products.

Noncommunicable disease – A disease that is *not* transmitted from person to person.

Syllabus Connection

VI Diseases and Disorders – understanding diseases and disorders and taking actions to prevent or to limit their development. (pp. 28-29)

Values Integration

Respect for self/concern for one's own health and safety

Respect for self/responsibility for preventing disease through personal behavior

LESSON 1

Grades K-3

Objective

There are some diseases that are communicable diseases.

Learner Outcome

Distinguish between communicable and noncommunicable diseases.

Comprehensive Health Education Topic(s)

VI Diseases and Disorders

Values Integration

Respect for Self: Concern for one's own health and safety; responsibility for preventing disease through personal behavior.

Motivating Activity

Teacher will list diseases students may be familiar with, such as:

- allergies
- diabetes
- cold
- strep throat
- asthma
- heart disease
- flu
- chicken pox

Identification

Students will identify what a disease is.

Students will define what communicable disease means.

Effective Communication

Students will create a chart showing which diseases are communicable.

Decision Making

Students will decide what steps they can take to promote health.

Positive Health Behaviors

Students will behave in ways which will contribute to their health, such as:

- proper rest
- proper eating
- activity

Teacher Notes on Lesson 2

Background

This lesson reviews and expands on Lesson #1. The concept of immunization against many infectious diseases should be discussed. Many students will already have received immunization against measles, rubella, mumps, polio, diphtheria, and tetanus. There is no immunization, at this time, for AIDS. As a result of this lesson students should recognize that communicable diseases are caused by organisms that they cannot see. These organisms enter the body all the time. If they are harmful organisms, they can cause infection. In the list provided in the lesson chicken pox, cold, flu, and measles are caused by viruses, and strep throat is caused by bacteria. Strep throat is spread through contact with an infected person; cold and flu are spread by breathing in droplets of water containing the harmful organisms; and, measles and chicken pox are spread by both methods.

Special Considerations

AIDS could be included in this lesson as one of the several communicable diseases listed because many students will have heard about it on TV, in magazines, or from older siblings, etc. AIDS is defined as Acquired Immune Deficiency Syndrome, a disease caused by a virus which breaks down the body's immune system and makes it vulnerable to opportunistic infections and cancer. AIDS is transmitted in a limited number of ways (sexual intercourse; illegal intravenous drug usage; and from infected mother to baby during pregnancy or birth). You should respond to students' questions with the simplest possible answers. Most students are satisfied to learn that it is unlikely that they will be exposed to the AIDS virus through their activities at home and in school. Of particular concern may be a child with AIDS who is attending school. The AIDS virus is not transmitted by casual contact in the school environment.

Teacher Vocabulary

Acquired Immune Deficiency Syndrome – A disease caused by a virus which breaks down the body's immune system, making it vulnerable to opportunistic infections and cancer.

AIDS – The initials for the disease "Acquired Immune Deficiency Syndrome." A disease caused by a virus which breaks down the body's immune system, making it vulnerable to opportunistic infections and cancer.

Communicable disease – A disease that is transmitted directly or indirectly from one person to another. It is caused by bacteria, viruses, and other organisms or their toxic products.

(continued on next page)

Casual contact – The usual daily interaction between people at work, in school, or in social situations.

Droplet spray – Organisms that are projected in droplets of water when an infected person coughs or sneezes and are received in the eyes, nose, or mouth of a nearby person.

Immunization – A method of producing resistance to an infectious disease, usually by vaccination or inoculation.

Opportunistic infection – An infection caused by a microorganism that rarely causes disease in persons with a normal immune system.

Syllabus Connection

VI Diseases and Disorders – understanding diseases and disorders and taking actions to prevent or to limit their development. (pp. 28-29)

Values Integration

Respect for self/concern for one's own health and safety

Respect for self/responsibility for preventing disease through personal behavior

LESSON 2

Grades K-3

Objective
There are some diseases that are communicable diseases.

Learner Outcome
Understand how communicable diseases are transmitted.

Comprehensive Health Education Topic(s)
VI Diseases and Disorders

Values Integration
Respect for Self: Concern for one's own health and safety; responsibility for preventing disease through personal behavior.

Motivating Activity
With the class, the teacher will brainstorm a list of communicable diseases such as:

- chicken pox
- cold
- flu
- measles
- strep throat

and list them on the chalkboard or newsprint.

Identification
Students will identify what causes these diseases:

- viruses
- bacteria

Effective Communication
Students will discuss ways in which each of the diseases can be transmitted:

- contact with an infected person
- droplet spray

Decision Making
Students will decide on ways to prevent spread of communicable diseases, such as:

- washing hands
- covering the mouth when sneezing or coughing
- being immunized

Positive Health Behaviors
Students will practice those behaviors that reduce the spread of communicable diseases such as:

- washing hands
- being immunized
- covering mouth when sneezing or coughing

Teacher Notes on Lesson 3

Background

This lesson provides the foundation learnings for a healthful lifestyle, i.e., the identification of and practice of good health habits which the individual can plan for and carry out.

There are a variety of good health practices that students may identify – the list in the lesson is just a sample. You should be aware that there may be different cultural patterns that may affect health practices as well and these different practices need to be included on the list.

Syllabus Connection

XI Healthful Lifestyles – appreciating the need for responsibility and planning for developing and maintaining a healthful lifestyle. (pp. 38-39)

Values Integration

Respect for self/concern for one's own health, safety, and well-being

Respect for self/responsibility for developing positive health habits through personal behavior

Self-discipline/planning for and carrying out daily health practices which enhance one's health and well-being

LESSON 3 — Grades K-3

Objective
There are skills to practice which will lead to a healthful lifestyle.

Learner Outcome
Practice good health habits.

Comprehensive Health Education Topic(s)
XI Healthful Lifestyle

Values Integration
Respect for Self: Concern for one's own health, safety, and well-being; responsibility for developing positive health habits through personal behavior.

Self-discipline: Planning for and carrying out daily practices which enhance one's health and well-being.

Motivating Activity
Students will create a record of activities that contribute to personal health.

Identification
The teacher, with the class, will list activities that contribute to personal health, such as:

- washing hands
- brushing and flossing teeth
- exercise
- rest and sleep
- recreation, fun
- making wise food choices
- expressing feelings, e.g., laughing/crying
- fostering relationships with family and friends, e.g.:
  - playing
  - sharing thoughts and feelings

Effective Communication
Students will make a collage of good health practices.

Students will identify health practices on the collage.

Decision Making
Students will decide which practices they need to develop.

(continued on next page)

Positive Health Behaviors Students will practice good health habits on a daily basis, such as:

- washing hands
- brushing and flossing teeth
- exercise
- rest and sleep
- recreation, fun
- making wise food choices
- laughing/crying
- sharing thoughts and feelings

Teacher Notes on Lesson 4

Background

This lesson may be used as part of the required teaching units that deal with child sexual abuse. It is taught in some districts by guidance counselors or school nurse-teachers. Regardless of who teaches this lesson, these skills will provide the foundation for all later learnings about self-respect, self-esteem, and how to say no – these are considered a basis for AIDS prevention.

During the Identification and Effective Communication portions of the lesson, it is important to help students understand that rules exist to define and maintain order for all people. They will be familiar with traffic rules and school/classroom rules but may not be aware that there are rules to protect their person (body). These rules help students to know how to behave in a threatening situation, but the students need ample opportunity to practice how to:

- say no
- get away
- tell someone.

Role-playing a variety of situations is a useful technique which allows for rehearsal. The use of dolls is suggested in the Effective Communication activity, as students at this age may be sensitive to a role-playing experience of this nature.

When choosing situations to role-play, you should be guided by the level of discussion that has preceded this lesson. Some situations to role-play may include:

- A stranger asks a student to come with him/her.
- A student is home alone and someone rings the doorbell.
- A friend tries to touch a private part of the student's body.

Special Considerations

Should situations arise during this activity that might indicate possible abuse, follow your district's child abuse reporting procedures.

Syllabus Connection

IX Safety, First Aid, and Survival – recognizing how safe environments promote health and well-being and learning procedures to reduce safety risks and respond effectively in emergencies. (pp. 34-35)

X Community Health – understanding the importance of developing health services responsive to present and projected community needs and for becoming a contributor to the health of the community. (pp. 36-37)

(continued on next page)

Values Integration

Reasoning/recognize how rules can be applied

Respect for self/recognize that each individual has rights

Respect for others/recognize that rules exist for a common good

LESSON 4 — Grades K-3

Objective
There are skills to practice which will lead to a healthful lifestyle.

Learner Outcome
Demonstrate personal safety skills.

Comprehensive Health Education Topic(s)
IX Safety, First Aid, and Survival
X Community Health

Values Integration
Reasoning: Recognizing how rules can be applied.
Respect for Self: Recognizing that each individual has rights.
Respect for Others: Recognizing that rules exist for a common good.

Motivating Activity
The teacher will discuss with the class why rules exist.

Identification
The teacher and the class will identify rules students must obey, such as:

- traffic rules
- school rules

The teacher and the class will identify and list rules of body safety:

- say no
- get away
- tell someone

Effective Communication
The teacher will provide situations in which students can role-play rules of body safety by using dolls to demonstrate:

- saying no
- getting away
- telling someone

Decision Making
The class will decide on and list three people they can go to for help, such as:

- parent, guardian
- teacher
- school nurse

(continued on next page)

Positive Health Behaviors Students will practice rules of personal safety:

- follow traffic and school rules
- follow body safety suggestions in threatening situations, as appropriate:
  - say no
  - get away
  - tell someone

Teacher Notes on Lesson 5

Background

This lesson helps to promote self-esteem and positive regard for others. An appreciation for the uniqueness of self and others is the expected learner outcome, based on having students visually and verbally identify those characteristics that make them unique and those characteristics that they have in common with others. You will need to be sensitive to feelings that may surface when such characteristics are identified. Students should be helped to appreciate differences as well as similarities.

In order to reinforce positive feelings about themselves and others, a follow-up to this lesson might be to have students complete sentences, such as:

- What I like about myself is _____.
- What I like about you is _____.

Syllabus Connection

I Human Growth and Development – knowing the human body and understanding the characteristics and natural progression of development in the life cycle for taking actions that promote health at each developmental stage. (pp. 18-19)

II Emotional Health – recognizing the relationships among emotional reactions, social relationships, and health for establishing patterns of behavior that promote emotional health and sound interpersonal relationships. (pp. 20-21)

Values Integration

Respect for self/feeling good about oneself and what makes one unique

Respect for others/respect and acceptance of the uniqueness of others

LESSON 5

Grades K-3

Objective

There are skills to practice that will lead to a healthful lifestyle.

Learner Outcome

Show an appreciation of one's own uniqueness and the uniqueness of others.

Comprehensive Health Education Topic(s)

I Human Growth and Development
II Emotional Health

Values Integration

Respect for Self: Feeling good about oneself and what makes one unique.

Respect for Others: Respect and acceptance of the uniqueness of others.

Motivating Activity

The class will create a bulletin board illustrating different people engaging in a variety of activities.

Identification

Students will identify those characteristics that make them unique:

- physical characteristics
- behavior
- talents
- feeling responses to situations

Students will identify that they share some of these characteristics with others.

Effective Communication

Students will discuss the similarities and differences illustrated on the bulletin board.

Students will discuss what it feels like to be different.

Decision Making

Students will decide how they are the same and how they are different from other people.

Students will decide how they can help each other to accept themselves.

Positive Health Behaviors

Students will practice behaviors that demonstrate respect for their own uniqueness and that of others, such as:

- acceptance of physical characteristics
- recognition of talents
- acceptance of feelings

Teacher Notes on Lesson 6

Background

This lesson provides a framework for developing student reasoning abilities regarding choices and their consequences in everyday situations.

The progressive story (or short story, as presented in the lesson) allows the class to explore health practices and alternatives and to recognize that they, like the character in the story, have control over their health-related behaviors.

Talking about the choices Jane (the story character) made:

- overslept
- didn't brush teeth
- didn't eat breakfast
- came to school late
- forgot lunch
- forgot homework

and then exploring the consequences Jane had to deal with:

- had to rush
- had dirty teeth
- had no energy
- was scolded for being late
- was hungry, had no energy
- was unprepared for class activities

can lead to discussing what Jane could have done and, finally, by rewriting Jane's story, a variety of alternative choices can be explored, such as:

- set an alarm clock
- ask someone to wake her up
- provide for quick breakfasts
  - –juice, dry cereal, milk
  - –fruit, yogurt, bread
  - –bread, peanut butter, juice, etc.
- make lunch the night before
- put homework where she won't forget it.

Syllabus Connection

III Nutrition – understanding the role of nutrition in the promotion and maintenance of health for establishing sound nutritional practices. (pp. 22-23)

(continued on next page)

XI Healthful Lifestyles – appreciating the need for responsibility and planning for developing and maintaining a healthful lifestyle. (pp. 38-39)

Values Integration

Reasoning/consider choices to be made and the consequences of those choices

Respect for self/responsibilities related to one's health that will maintain and improve a healthful lifestyle

LESSON 6 — Grades K-3

Objective	There are skills to practice that will lead to a healthful lifestyle.
Learner Outcome	Recognize choices and their consequences.
Comprehensive Health Education Topic(s)	III Nutrition XI Healthful Lifestyles
Values Integration	Reasoning: Consider choices to be made and the consequences of those choices. Respect for Self: Responsibilities related to one's health that will maintain and improve a healthful lifestyle.

Motivating Activity	The teacher will tell a short story about Jane (see Identification). (This can be done as a progressive story.)
Identification	The teacher will tell the story of Jane: Jane woke up late on a rainy school day. She had no time to brush her teeth or eat breakfast. She was late getting to school, and she forgot her homework and her lunch. What will happen to Jane?
Effective Communication	Students will discuss the choices Jane made. Students will create a new story about Jane and what she could have done to make her day better.
Decision Making	Students will decide what Jane could have done and what the consequences of her new choices might be.

Positive Health Behaviors

Students will take responsibility for daily routines, such as:

- planning
- eating appropriately
- allowing sufficient time for routines

Teacher Notes on Lesson 7

Background

This lesson has a focus on family support and some of this material may be covered in guidance instruction.

This lesson is a foundation for learning some aspects of family life education. It is designed to strengthen students' awareness and appreciation of the ways family members help one another, both on a daily basis and in times of need. It provides the groundwork for later activities on family communication, suggesting that concerns can be shared within the family.

While culture, tradition, and/or necessity may shape family roles, students will learn about their classmates' roles in their families and come to recognize that they are able to give help in the family, as well as receive help. Family structure varies (often friends may be like family members), and roles may be similarly altered.

Special Considerations

Special sensitivity may be needed if students discuss problems, such as: alcoholism, incest, abuse, etc. Should such situations arise in the class it is best to thank the student for sharing such information but refocus the student as quickly as possible on positive ways the family shows care. Be certain to speak to such a student on an individual basis after class regarding the situation. Follow your district's child abuse reporting procedures if abuse is suspected and any in-school or community referral process for other problems that may be identified.

Syllabus Connection

II Emotional Health – recognizing the relationships among emotional reactions, social relationships, and health for establishing patterns of behavior that promote emotional health and sound interpersonal relationships. (pp. 20-21)

V Family Life Education – appreciating the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood. (pp. 26-27)

Values Integration

Respect for others/responsibilities within one's family

LESSON 7 — Grades K-3

Objective — There are skills to practice that will lead to a healthful lifestyle.

Learner Outcome — Describe how family members show care and help one another.

Comprehensive Health Education Topic(s) — II Emotional Health
V Family Life Education

Values Integration — Respect for Others: Responsibilities within one's family.

Motivating Activity — Students will develop a family album that will define family roles and activities.

Identification — Students will identify family members and discuss the activities of family members.

Effective Communication — Students will role-play situations in which family members show care and responsibility for one another.

Decision Making — Students will decide how family members show care and help one another at special times, such as:

- when someone has done something well
- when someone is sad
- when someone is sick
- holidays
- family gatherings

Positive Health Behaviors — Students will show care and help family members. Some of these behaviors might include:

- helping with chores
- helping at mealtime
- playing with a sibling
- caring for one's belongings
- helping to care for family pet
- spending time together
- recognizing feelings by listening and responding

Teacher Notes on Lesson 8

Background

Building on internal family communication skills emphasized in Lesson #7, students should recognize that in addition to the family, they can be helped by members of their school and community. The ability to identify and use home, school, and community resources for health concerns lays a foundation for individuals to use these same services for other health needs.

The Effective Communication homework assignment is most important. It provides an opportunity for the student and family to identify who can help the student in case of need. This assignment is not the same as when someone is identified who can help in an emergency (for school records) but may be used as an extension of that one.

You should be aware of your community's resources and your school district's procedures for referral and follow-up. A list of possible resources might include:

- home (Lesson #7)
  - parents, guardians
  - grandparents
  - siblings
  - other relatives
  - family friends
- school
  - teacher
  - nurse
  - principal
  - pupil service staff (psychologist, counselor)
- community
  - hospital
  - clinic
  - doctor
  - ambulance squad
  - religious representative
  - social work agency.

Syllabus Connection

X Community Health – understanding the importance of developing health services responsive to present and projected community needs and for becoming a contributor to the health of the community. (pp. 36-37)

Values Integration

Reasoning, Respect for self/seek help from those who are able to provide assistance

Respect for others/recognize help that others can provide

LESSON 8 — Grades K-3

Objective
There are community resources for information, help, and counseling.

Learner Outcome
Know and use appropriate health resources.

Comprehensive Health Education Topic(s)
X Community Health

Values Integration
Reasoning, Respect for Self: Seek help from those who are able to provide assistance.

Respect for Others: Recognize help that others can provide.

Motivating Activity
The class will create a booklet of health resources.

Identification
The teacher and class will identify persons who can help them in the:

- home
- school
- community
- religious organization

Effective Communication
The teacher will give a homework assignment: Discuss with my family who can help me if I become ill at school or at home.

Students will discuss the results of their homework assignment at school and list the resources. They will note all the different people classmates have identified as resources.

Decision Making
The class will decide who the health resources are in the:

- home
- school
- community
- religious organization

(continued on next page)

Positive Health Behaviors

Students will know and use the appropriate health resources, such as:

- family
- teacher
- school nurse
- principal
- police officer
- pharmacist
- religious leader

PATTERN OF LESSON DEVELOPMENT – GRADES 4-6

The lessons in the cluster focus on four objectives, namely:

- There are some diseases that are communicable diseases.
  – AIDS is a communicable disease.
- There are skills to practice that will lead to a healthful lifestyle.
- There are community resources for information, help, and counseling.
- There are methods of prevention for AIDS.

The pattern of lesson development identifies the learner outcomes as follows:

Communicable Diseases	*Communicable Disease/AIDS*	*Healthful Lifestyle*	*Community Resources*	*AIDS Prevention*
#9 Understand the chain of infection and how to break it	#10 Understand the body's immune system	#12 Demonstrate respect for personal privacy	#17 Locate school/ community resources for AIDS information	#18 Understand how abstinence from illegal drug use can prevent the transmission of the AIDS virus
	#11 Know ways AIDS cannot be transmitted	#13 Understand the role of personal behavior in disease prevention		
		#14 Understand the concept of risk and the consequences of risk-taking behaviors		
		#15 Practice the responsibilities involved with family, friends, and school		
		#16 Recognize the help and support that family, friends, and school can provide		

The goal in grades 4-6 is to equip students with the ability to take personal responsibility for their health and well-being. Whether the area be setting personal limits, disease prevention, responding to risk-taking situations or family involvement, students are channeled to practice positive behaviors that promote overall optimum health.

Four lessons in the cluster are AIDS specific (Lesson #10, #11, #17, and #18). At this age level it is appropriate for students to understand that AIDS is a communicable disease. The nature of the disease is outlined to provide students with a basic grasp of the impact of AIDS on one's immune system. This lesson alerts students to the serious implications of the AIDS virus. It is meant to create *awareness*, not anxiety, in students. The second AIDS specific lesson deals with the ways the AIDS virus *cannot* be transmitted. The third AIDS specific lesson deals with locating school/community

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resources for AIDS information. The fourth AIDS specific lesson deals with the prevention of AIDS by abstaining from drug use. The intent here again is to reduce anxiety via understanding accurate transmission information. It is appropriate to answer student questions about AIDS and AIDS transmission as simply as possible and limit responses to questions asked. Depending on the district's needs assessment and recommendations of the community Advisory Council, AIDS prevention lessons from the 7-8 grade-level cluster (Lesson #27a and #27b) may be introduced. Please note that a student may be excused from the methods of prevention lessons upon receipt of a written request to a principal from a parent or guardian.

The lessons provide a framework for addressing AIDS instruction at the elementary level (K-6) according to Commissioner's Regulations. The Regulation at the K-6 level requires that instruction be designed to provide accurate information concerning the nature of the disease, methods of transmission, and methods of prevention stressing abstinence as the most appropriate and effective premarital protection against AIDS and be age-appropriate and consistent with community values.

At the end of this grade-level cluster students should have achieved each of the desired learner outcomes identified in each lesson.

Correlations and coordination with existing 4-6 health education programs may well demonstrate that some learner outcomes in AIDS instruction are well within existing programs and need not be repeated.

Teacher Notes on Lesson 9

Background

This lesson contains two diagrams of the "Chain of Infection." One is blank and is meant to serve as a generic model. The other is filled in to illustrate the chain of infection for measles. The "Chain of Infection" is designed to help you and your students to recognize how a disease is spread and how the spread of disease can be stopped by breaking the chain at various points.

In the instance of measles, the chain can be broken by the infected person by:

- covering the nose and mouth when sneezing or coughing.

It can be broken by the noninfected person by:

- avoiding contact with secretions
- immunization.

The focus of this lesson is twofold; a person is responsible for:

- breaking the chain of infection in order not to *spread* a disease to others
- breaking the chain of infection in order not to *catch* the disease from others.

Teacher Vocabulary

Host – Any person in whom an infectious agent can live and multiply.

Immunization – Method of producing resistance to an infectious disease, usually by vaccination or inoculation.

Infectious agent – An organism (virus, bacteria, etc.) that is capable of producing infection or infectious disease.

Method of entry – Manner in which organisms enter the host's body.

Method of escape – Manner in which organisms leave the host's body.

Mode of transmission – Manner in which an infectious agent is transmitted from one person to another.

Organism – Any living thing, such as a virus, bacteria, etc.

Susceptible host – A person not possessing sufficient resistance against a particular organism to prevent contracting the infection when exposed to the organism.

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Syllabus Connection

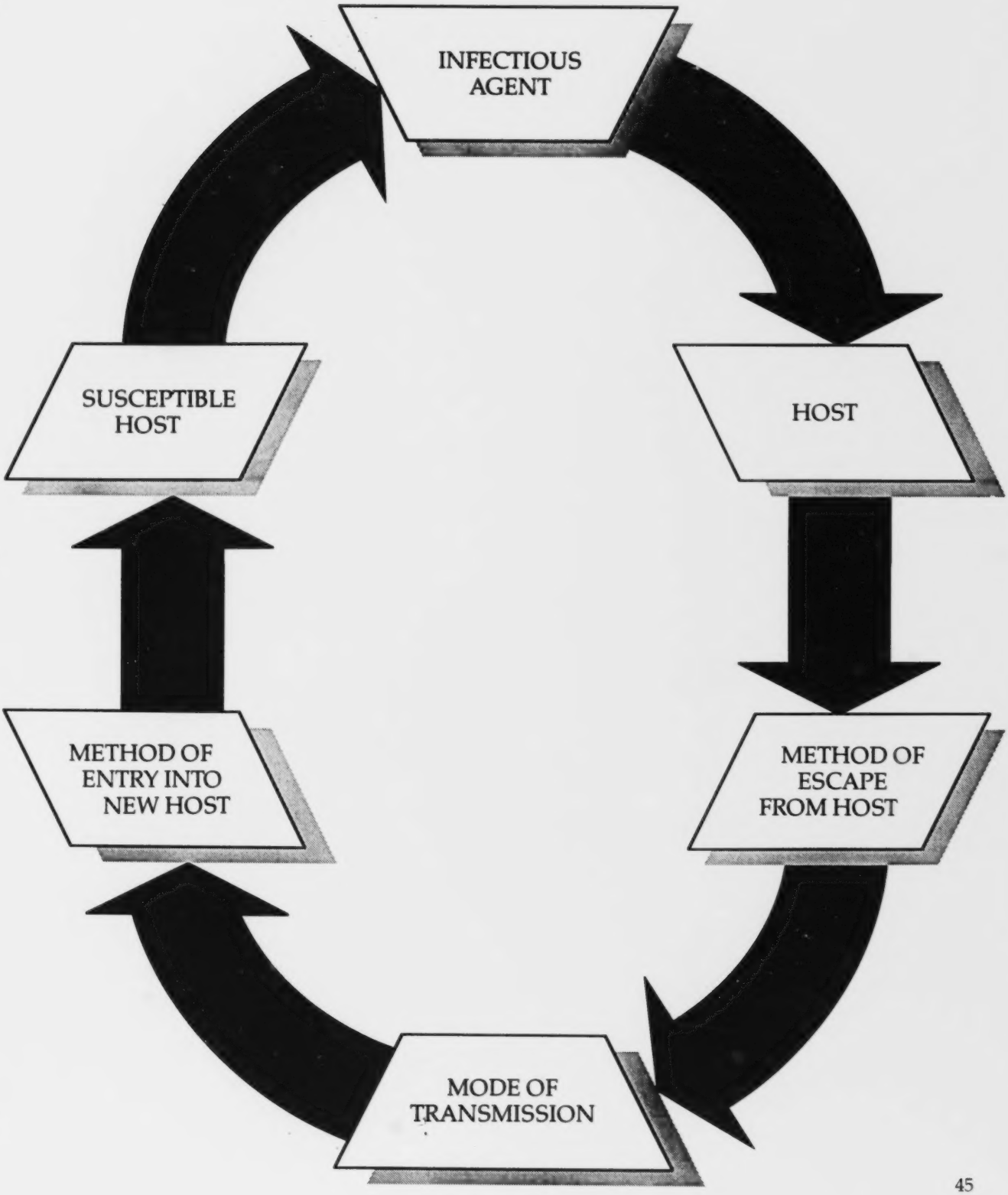
VI Diseases and Disorders – understanding diseases and disorders and taking actions to prevent or eliminate their development. (pp. 28-29)

Values Integration

Respect for self/caring for and protecting oneself by taking appropriate steps to break the chain of infection

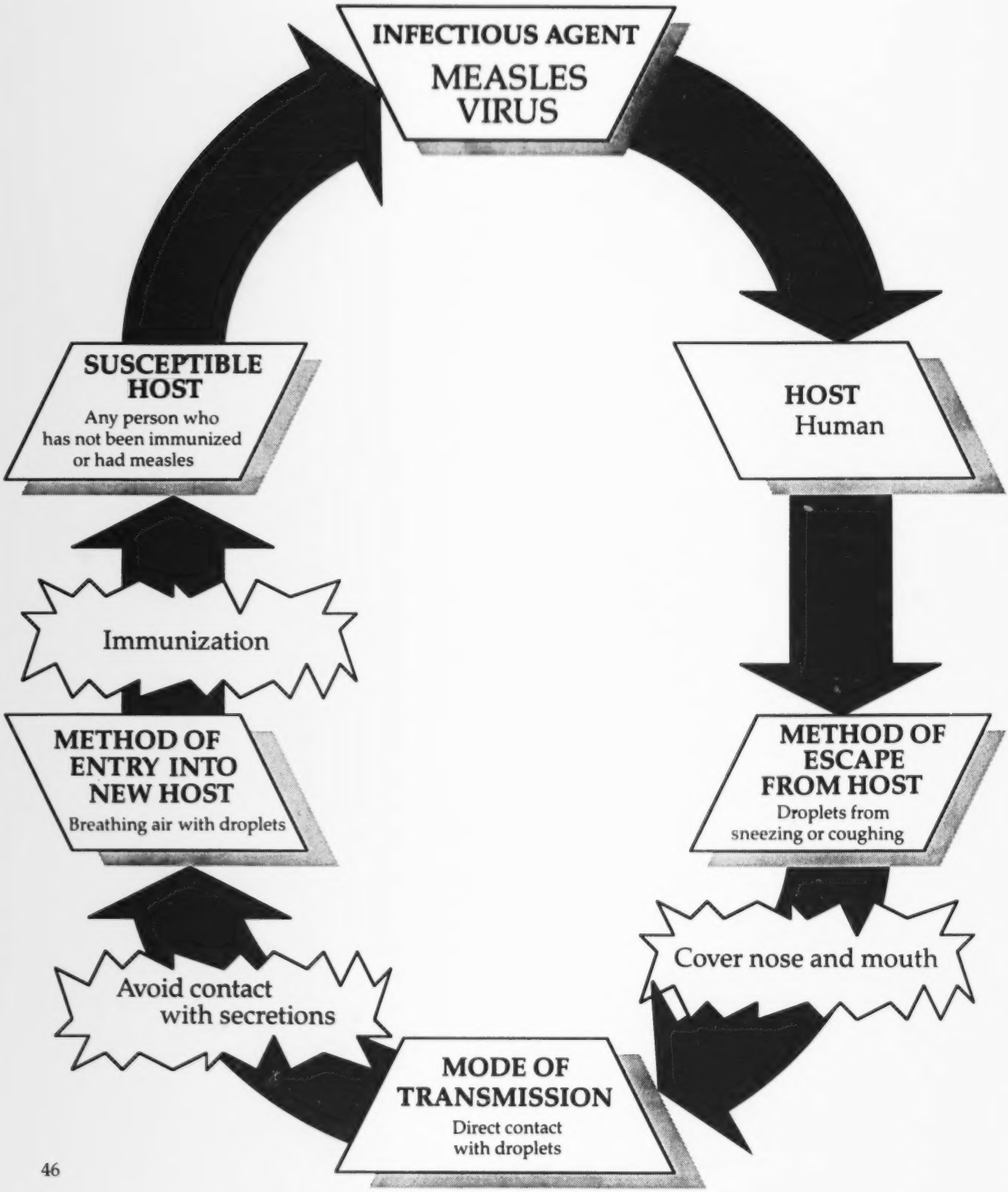
Respect for others/caring for and protecting others by taking appropriate steps to avoid the spread of infection

CHAIN OF INFECTION



45

CHAIN OF INFECTION
FOR MEASLES



LESSON 9

Grades 4-6

Objective	There are some diseases that are communicable diseases.
Learner Outcome	Understand the chain of infection and how to break it.
Comprehensive Health Education Topic(s)	VI Diseases and Disorders
Values Integration	Respect for Self: Caring for and protecting oneself by taking appropriate steps to break the chain of infection. Respect for Others: Caring for and protecting others by taking appropriate steps to avoid the spread of infection.

Motivating Activity	The teacher, with students, will chart the chain of infection.
Identification	Students will identify the chain of infection: • infectious agent • host • method of escape from host • mode of transmission • method of entry into new host • susceptible host
Effective Communication	Students will chart the chain of infection for measles.
Decision Making	Students will decide how one can break the chain of infection.

Positive Health Behaviors	Students will demonstrate behavior that seeks to break the chain of infection: • cover nose and mouth • avoid contact with secretions from the human host • obtain appropriate immunization

Teacher Notes on Lesson 10

Background Students need to recognize that with ordinary infections (such as a cold) the body's immune system creates antibodies that kill the virus. During this time the person may feel ill, run fever, etc., but the illness passes and the immune system remains intact and able to fight off other diseases as they occur.

With AIDS (Acquired Immune Deficiency Syndrome) the Human Immunodeficiency Virus (HIV) invades the immune system, which is unable to kill HIV; it is HIV that makes deficient or destroys the immune system. So while a person may feel ill, run fever, etc., and antibodies are created, in the instance of AIDS, the immune system no longer can fight off other diseases as they occur. The patient does not die of AIDS but of an opportunistic infection or disease that the body can no longer fight.

This lesson helps students to distinguish between a healthy immune system (with a large supply of T-cells) that fights off a cold and an immune system with AIDS (with insufficient T-cells) unable to fight off opportunistic infections. Thus, people with AIDS are more likely to contract infections than others. (See diagram.)

Special Considerations This lesson is best taught after students have studied science or health topics related to the immune system. If this is not possible, the lesson should be presented at another grade level after basic immune system information has been learned.

Teacher Vocabulary

AIDS – The initials for the disease "Acquired Immune Deficiency Syndrome." A disease caused by a virus which breaks down the body's immune system, making it vulnerable to opportunistic infections and cancer.

Antibodies – Substances in the blood produced by the body's immune system to fight against invading organisms.

HIV – The Human Immunodeficiency Virus. It causes AIDS by attacking the body's immune system, making infected people vulnerable to fatal infections, cancer, and neurological disorders.

Immune system – A body system that helps fight off invading organisms and disease.

Lymphocyte – A type of white blood cell that is produced in the bone marrow. Some of these cells migrate to the thymus, where they develop as T-cells. Other lymphocytes that mature in the bone marrow or in organs other than the thymus are called B-cells.

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The B-cells manufacture antibodies, and the T-cells regulate antibody production. In healthy people about 60 percent of circulating lymphocytes are T-cells. With AIDS, only about 2 percent of the lymphocytes are T-cells. With fewer T-cells, the body is unable to recognize and attack invading organisms.

Opportunistic infection – An infection caused by a microorganism that rarely causes disease in persons with a normal immune system.

T-cells – A class of lymphocytes that play a major role in carrying out the activities of the immune system. Some T-cells are called helper T-cells.

Virus – A microscopic organism that can cause infections.

Syllabus Connection

I Human Growth and Development – knowing the human body and understanding the characteristics and natural progression of development in the life cycle for taking actions that promote health at each developmental stage. (pp. 18-19)

VI Diseases and Disorders – understanding diseases and disorders and taking actions to prevent or limit their development. (pp. 28-29)

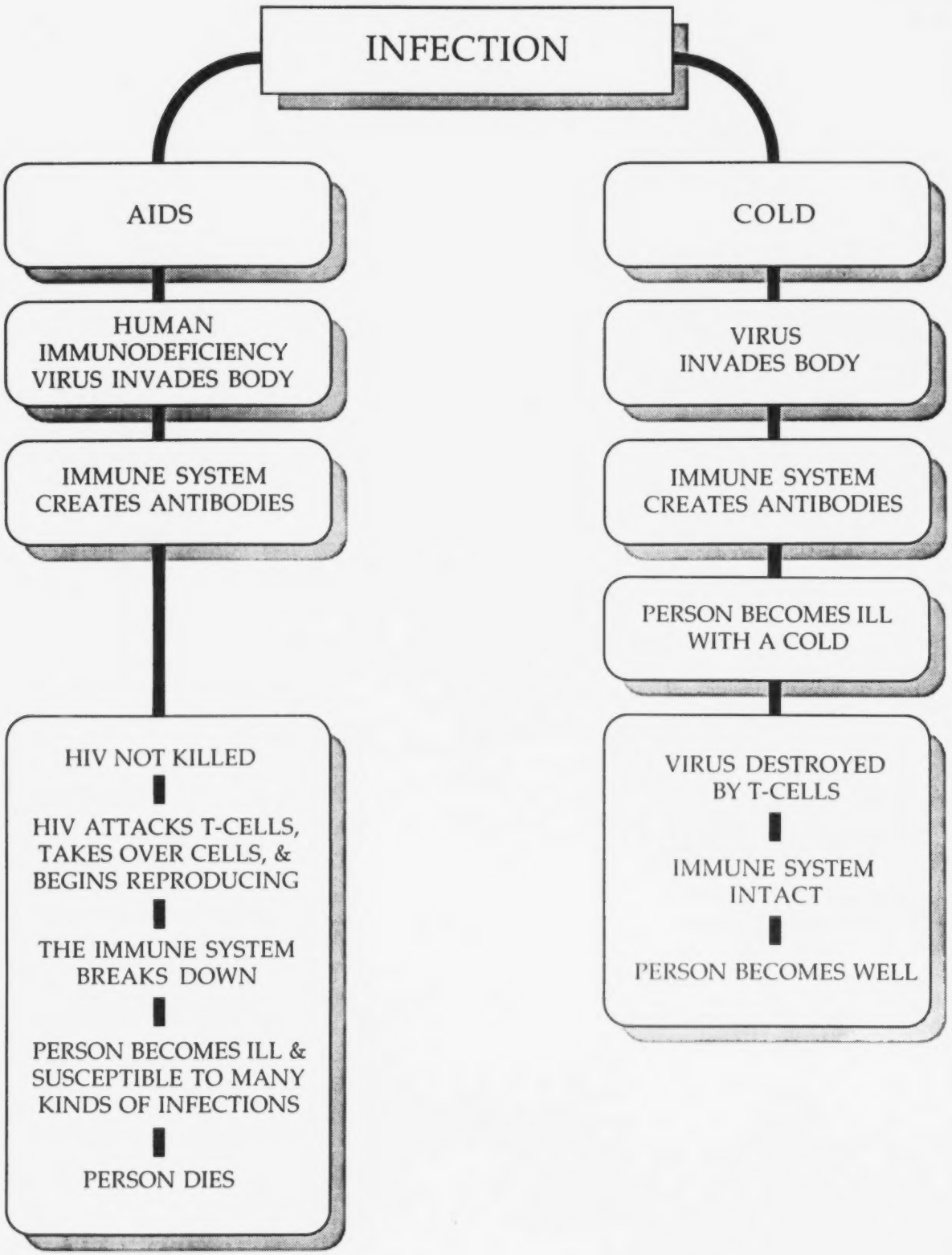
Values Integration

Respect for self/proper attention and care for one's health and well-being

Respect for self/promoting optimum health through personal behavior

Diagram For Lesson 10→

THE IMMUNE SYSTEM


INFECTION
AIDS
HUMAN IMMUNODEFICIENCY VIRUS INVADES BODY
IMMUNE SYSTEM CREATES ANTIBODIES
HIV NOT KILLED
HIV ATTACKS T-CELLS, TAKES OVER CELLS, & BEGINS REPRODUCING
THE IMMUNE SYSTEM BREAKS DOWN
PERSON BECOMES ILL & SUSCEPTIBLE TO MANY KINDS OF INFECTIONS
PERSON DIES
COLD
VIRUS INVADES BODY
IMMUNE SYSTEM CREATES ANTIBODIES
PERSON BECOMES ILL WITH A COLD
VIRUS DESTROYED BY T-CELLS
IMMUNE SYSTEM INTACT
PERSON BECOMES WELL

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LESSON 10 — Grades 4-6

Objective	AIDS is a communicable disease.
Learner Outcome	Understand the body's immune system.
Comprehensive Health Education Topic(s)	VI Diseases and Disorders
Values Integration	Respect for Self: Proper attention and care for one's health and well-being. Respect for Self: Promoting optimum health through personal behavior.
Motivating Activity	The teacher will diagram the immune system as a defense system against disease.
Identification	Students will identify the body's immune system as a mechanism that helps fight disease. Students will identify how the immune system responds to: • a cold • AIDS
Effective Communication	Students will describe how the body responds to these different infections.
Decision Making	Students will decide how they can protect their immune system by reducing exposure to infections.
Positive Health Behaviors	Students will reduce their own exposure to infection.

Teacher Notes on Lesson 11

Background

For this activity, the term "the AIDS virus" is used to help the students relate to what they read and hear about AIDS. The more accurate designation is that the Human Immunodeficiency Virus (HIV) is the transmitter of the disease AIDS.

Prior to this lesson, it would be helpful for you to review Appendix D, "Current Information on AIDS." Please remember the "Current Information on AIDS" section is for your reference only; it is not intended for classroom use.

There is an "AIDS MYTH-FACT SHEET" for use with students.

The purpose of the "AIDS MYTH-FACT SHEET" is to focus on the ways AIDS is not transmitted. In order to allay possible student fears, information is provided for you on ways AIDS is transmitted, to use, as appropriate, with your students.

Adapt the "AIDS MYTH-FACT SHEET" to meet the needs of your students and distribute to each student. Have students respond to each. This lesson allows for clarification of misinformation during a discussion of student responses. An answer sheet is provided, for your convenience.

If questions come up that you cannot answer, you may want to call the toll-free, information number 1-800-342-AIDS or the New York State hotline number, 1-800-541-AIDS.

Special Consideration

The methods of transmission are generalized in this lesson. Because some individuals and groups may be involved in drug use and sexual activity, consideration should be given to a review of Lessons #27a and #27b if the survey results (See planning section of the guide), or other information, or the Advisory Council recommendations suggest additional instruction in AIDS prevention. This could be provided individually or through referral.

Please note that a student may be excused from the methods of prevention lessons upon receipt of a written request to a principal from a parent or guardian.

Syllabus Connection

VI Diseases and Disorders – understanding diseases and disorders and taking actions to prevent or limit their development. (pp. 28-29)

XI Healthful Lifestyles – appreciating the need for responsibility and planning for developing and maintaining a healthful lifestyle. (pp. 38-39)

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Values Integration

Respect for self/awareness and concern for one's own health

Reasoning/understanding the implications of how the AIDS virus cannot be transmitted

AIDS MYTH-FACT SHEET FOR LESSON #11
(grades 4-6)

Place a T in front of those statements that are true and an F in front of those statements that are false.

1. People can get AIDS by being in the same room with a person with AIDS.
2. There is a vaccine to prevent AIDS.
3. AIDS is transmitted by sneezing.
4. A person can get AIDS by giving blood.
5. AIDS is a communicable disease.
6. People can get AIDS from sharing a soda.
7. Community resources are available to help people with AIDS.
8. AIDS is caused by a virus.
9. AIDS affects the body's immune system.

Answers to AIDS MYTH-FACT SHEET #11

1. False
2. False
3. False
4. False
5. True
6. False
7. True
8. True
9. True

LESSON 11 — Grades 4-6

Objective
AIDS is a communicable disease.

Learner Outcome
Know ways AIDS cannot be transmitted.

Comprehensive Health Education Topic(s)
VI Diseases and Disorders
XI Healthful Lifestyles

Values Integration
Respect for Self: Awareness and concern for one's own health.

Reasoning: Understanding the implication of how the AIDS virus cannot be transmitted.

Motivating Activity
The teacher will distribute an AIDS MYTH-FACT SHEET.

Identification
Students will identify ways that the AIDS virus cannot be transmitted:

- touching, hugging
- sneezing
- sharing food
- using public toilets
- using public swimming pools
- sitting next to someone with AIDS

Effective Communication
Students will discuss ways the AIDS virus cannot be transmitted.

Decision Making
Using the AIDS MYTH-FACT SHEET, students will decide in which situations the AIDS virus cannot be transmitted.

Positive Health Behaviors
Recognizing how AIDS cannot be transmitted, students can approach their everyday lives with reduced anxiety about AIDS.

Teacher Notes on Lesson 12

Background

This lesson deals with the individual's recognition of wanting privacy, the ability to set and uphold personal limits, and sensitivity to the needs of others. It must be handled with great sensitivity, for these reasons:

1. In some families, talking to one another while dressing, undressing, in the bathtub, etc. is practiced regularly, makes no one uncomfortable, and generally stops deliberately about the time of puberty.
2. In some families, there is little space for privacy, many people live in small quarters, and one has to "create privacy."

By helping students to recognize and acknowledge personal rights concerning their bodies, they will be prepared for later lessons and life situations specifically concerned with saying no to sex and drugs, behaviors that may put people at risk for AIDS. This may already be part of the school's child sexual abuse prevention program.

In discussing the example be sure to include the following considerations:

1. Don must understand that Debbie has a right to the privacy of her person.
2. Debbie must understand that she has a right to ask Don to leave the bathroom when she is bathing.

Try to help the students brainstorm effective action words for Debbie. Also, if students do not, you may want to mention that standing up for oneself often can make students feel better about themselves and can generate feelings of respect from others. The use of puppets is suggested in the Effective Communication activity, as students at this age may be sensitive to a role-playing experience of this nature. As an alternative, students can brainstorm other privacy/safety situations and actions they should take.

Special Considerations

Should situations arise during this activity that might indicate possible abuse, follow your district's child abuse reporting procedures.

Syllabus Connection

II Emotional Health – recognizing the relationships among emotional reactions, social relationships, and health for establishing patterns of behaviors that promote emotional health and sound interpersonal relationships. (pp. 20-21)

(continued on next page)

V Family Life Education – appreciating the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood. (pp. 26-27)

IX Safety, First Aid, and Survival – recognizing how safe environments promote health and well-being and learning procedures to reduce safety risks and respond effectively in emergencies. (pp. 34-35)

Values Integration

Reasoning/recognizing potential threats to one's personal privacy and safety and taking appropriate safeguarding actions

Respect for self/assuring one's right to personal privacy and safety

LESSON 12

Grades 4-6

Objective

There are skills to practice that will lead to a healthful lifestyle.

Learner Outcome

Demonstrate respect for personal privacy.

Comprehensive Health Education Topic(s)

II Emotional Health
V Family Life Education
IX Safety, First Aid, and Survival

Values Integration

Reasoning: Recognizing potential threats to one's personal privacy and safety and taking appropriate safeguarding actions.

Respect for Self: Asserting one's right to personal privacy and safety.

Motivating Activity

The class discusses areas which impact personal privacy and safety:

- right to set and uphold personal and physical limits
- right to express or withhold one's own thoughts and feelings
- right to protect oneself from possible harm

Identification

The teacher presents the following situation to the class:

Debbie is 11 years old. Her brother Don walks into the bathroom when Debbie is taking a bath. Debbie is uncomfortable.

Effective Communication

Students will discuss why they have the right not to be intruded upon or exposed.

Students will discuss how they would feel if they were Debbie and what they would do.

Students, using puppets, will practice telling Don to stop intruding on their privacy.

Decision Making

Students will decide what they think Debbie should do.

Students will decide what they would do if they were in the same situation or a similar situation.

Positive Health Behaviors

Students will practice self-protecting behaviors which assert their right to personal privacy and safety:

- setting limits
- saying no

Teacher Notes on Lesson 13

Background

Students have an opportunity to review practices that can contribute to individual health in this lesson, including daily health practices.

Having students prepare a personal health profile allows them to discover the relationship that exists between medical information, health practices, and one's own health profile. A personal health profile may include immunizations, such as:

- diphtheria
- tetanus
- whooping cough
- measles
- polio

and daily health practices, such as:

- brushing and flossing teeth
- eating balanced meals
- exercising
- getting enough rest.

These activities will help students recognize positive behaviors for managing their health. A review of good health habits discussed in Lesson #3 in this guide is appropriate here. All students may not be able to complete their personal health records.

Special Considerations

Teachers should be sensitive to the fact that certain students may not feel comfortable with sharing parts of their health history. The lesson's intent can be met without their doing so.

Syllabus Connection

XI Healthful Lifestyles – appreciating the need for responsibility and planning for developing and maintaining a healthful lifestyle. (pp. 38-39)

Values Integration

Respect for self/promoting one's individual positive health practices

Self-discipline/personally planning and carrying out good health practices

LESSON 13

Grades 4-6

Objective

There are skills to practice that will lead to a healthful lifestyle.

Learner Outcome

Understand the role of personal behavior in disease prevention.

Comprehensive Health Education Topic(s)

XI Healthful Lifestyles

Values Integration

Respect for Self: Promoting one's individual positive health practices.

Self-discipline: Personally planning and carrying out good health practices.

Motivating Activity

Students will develop a personal health profile.

Identification

Each student will develop a personal health profile identifying:

- immunizations
- diseases
- medical conditions
- injuries
- surgery
- height
- weight
- medications
- allergies
- blood type
- daily health practices

Students will identify sources for information, such as:

- parents, guardians
- school nurse
- doctor
- clinic

Effective Communication

Students will discuss the relationship between medical information, health practices, and one's health profile.

Students will recognize that some diseases are preventable by immunization.

(continued on next page)

Decision Making	Students will decide which health care practices they as individuals need to develop.
Positive Health Behaviors	Students will take personal responsibility for those health practices over which they have control, namely: • practicing sound disease prevention habits • practicing habits of good nutrition • taking appropriate precautions to prevent injuries • following doctor's advice • taking medication as prescribed

Teacher Notes on Lesson 14

Background

This lesson introduces and explores risk as possible harm and identifies specific risk-taking behaviors such as:

- smoking
- drinking an alcoholic beverage
- using illegal drugs.

Before students determine why these activities put one at risk, they need to consider why someone would take risks.

Students need to recognize that most people do not expect harm to come from their behaviors. Indeed, individuals say they often take risks because such behaviors make them feel:

- excited
- good
- in control
- like everyone else.

Have students elicit consequences of the behaviors listed. Be sure to have students identify possible short- and long-term consequences. (Note: short-term here refers to now and today. Long-term refers to later, tomorrow, and beyond.)

Once the given risk behaviors, reasons, and their consequences have been discussed, students need to be guided to look at alternative behaviors.

As you work with the class, remember that the alternative behaviors they identify should provide positive outcomes and generate some of the feelings the students identified. Discussion, role-play, accurate information, support, and understanding may help them clarify alternatives. Depending on your community, alternative activities might include:

- sports programs
- clubs
- activities sponsored by religious organizations
- YMCA/YWCA
- library
- Scouts.

Syllabus Connection

VIII Alcohol, Tobacco, and Other Drug Substances – understanding the factors involved in using drug substances appropriately and preventing abuse. (pp. 32-33)

(continued on next page)

Values Integration

Reasoning/considering risks taken and the consequences of those risks

Respect for self/identifying risks and resulting consequences of those risks

LESSON 14

Grades 4-6

Objective

There are skills to practice that will lead to a healthful lifestyle.

Learner Outcome

Understand the concept of risk and the consequences of risk-taking behaviors.

Comprehensive Health Education Topic(s)

VIII Alcohol, Tobacco, and Other Drug Substances

Values Integration

Reasoning: Consider risks taken and the consequences of those risks.

Respect for Self: Identifying risks and resulting consequences to self.

Motivating Activity

The class will discuss:

- what risk is
- why individuals take risks

Identification

Students will define risk and identify some risk-taking behaviors:

- smoking
- drinking an alcoholic beverage
- using illegal drugs

Effective Communication

Students will discuss:

- why someone would do these things
- what might happen as a result of these actions
  - short-term consequences
  - long-term consequences

Decision Making

Students will identify positive alternative behaviors for each of the situations.

Students will evaluate alternatives and recognize which ones best promote positive outcomes.

Positive Health Behaviors

Students will recognize the consequences of risk-taking behaviors and avoid practices such as:

- smoking
- drinking an alcoholic beverage
- using illegal drugs

Teacher Notes on Lesson 15

Background

This lesson helps students to recognize that they are able to assume responsibilities in their relationships at home, with friends, and in school. They will also learn that everyone does not have the same responsibilities, but each has some responsibility. Those responsibilities we have for ourselves and for others must be defined and practiced from the earliest ages.

Students will recognize that their responsibilities to family, to school, and to friends will be different and changing, but responsibilities, nonetheless.

Special Considerations

In homes where there is chronic or acute illness or disability, students may need help in handling their responsibilities and their feelings about such responsibilities. You may need to use the district referral system in some situations or help students to recognize community resources that exist to assist families.

Syllabus Connection

V Family Life Education – appreciating the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood. (pp. 26-27)

X Community Health – understanding the importance of developing health services responsive to present and projected community needs and for becoming a contributor to the health of the community. (pp. 36-37)

Values Integration

Respect for others/responsibilities to family and friends

Respect for self/feeling good about helping others

LESSON 15

Grades 4-6

Objective
There are skills to practice that will lead to a healthful lifestyle.

Learner Outcome
Practice the responsibilities involved with families, friends, and school.

Comprehensive Health Education Topic(s)
V Family Life Education
X Community Health

Values Integration
Respect for Others: Responsibilities to family and friends.

Respect for Self: Feeling good about helping others.

Motivating Activity
Students will make three charts that denote responsibilities of students at home, with friends, and at school.

Identification
Students will identify their responsibilities to:

- family
- friends
- school

Students will identify special responsibilities they have when a family member or friend becomes ill or disabled.

Effective Communication
Students will discuss how their responsibilities differ among family, friends, and school and how carrying out these responsibilities differ from student to student.

Decision Making
Students will decide which responsibilities they can handle on their own.

Students will decide ways they can get help, if necessary, to fulfill their responsibilities.

Positive Health Behaviors
Students will carry out responsibilities they have identified.

Teacher Notes on Lesson 16

Background

This lesson helps students to become aware of the support systems that already exist for them within the family, with friends, and within the school. Students are given the opportunity to personalize their support systems as they identify specific persons whom they can call upon. The lesson describes three possible situations in which such help would be appropriate to use. Allowing students to describe some of their own situations and where to go for help gives this lesson a meaningful focus for students.

Syllabus Connection

V Family Life Education – appreciate the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood. (pp. 26-27)

X Community Health – understanding the importance of developing health services responsive to present and projected community needs and for becoming a contributor to the health of the community. (pp. 36-37)

Values Integration

Respect for others/fostering family, friendship, and school support systems

Respect for self/seeking help from individuals who are able to provide assistance

Reasoning/choosing appropriate help

LESSON 16 — Grades 4-6

Objective
There are skills to practice that will lead to a healthful lifestyle.

Learner Outcome
Recognize the help and support that family, friends, and school can provide.

Comprehensive Health Education Topic(s)
V Family Life Education
X Community Health

Values Integration
Respect for Others: Fostering family, friendship, and school support systems.

Respect for Self: Seeking help from individuals who are able to provide assistance.

Reasoning: Choosing appropriate help.

Motivating Activity
Students will brainstorm ways in which they might need help from others.

Identification
Students will identify family members, friends, and school personnel who can help them:

- parents
- relatives
- close friends
- neighbors
- teachers
- school nurse/social worker
- principal

Effective Communication
Students will discuss possible helpers in these situations:

1. Jason is having trouble with math.
2. Sandy is concerned about the headache she keeps getting.
3. Chris has been feeling left out at lunchtime.

Decision Making
Students will decide what situations require the help of others.

Students decide who would be most helpful in that situation.

Positive Health Behaviors
Students will use those helpers they have identified.

Teacher Notes on Lesson 17

Background

Students should be able to identify and use resources for accurate information about AIDS. Lessons #26 and #35 deal with aspects of identifying and using information.

Information about AIDS is changing daily. Students will need some criteria for determining the accuracy of the information they get. Such criteria might include:

- qualifications of writer/speaker
- source of information
- currency of information
- how this information compares with other information.

You may want to review for yourself the Appendix section on "Current Information on AIDS," as you help students to determine the accuracy of the information they collect and as you select appropriate community representatives to speak to the class.

Syllabus Connection

X Community Health – understanding the importance of developing health services responsive to present and projected community needs and for becoming a contributor to the health of the community. (pp. 36-37)

Values Integration

Respect for others/fostering family and community support systems

Respect for self/seeking help from groups or individuals who are able to provide assistance

Reasoning/choosing appropriate help

LESSON 17

Grades 4-6

Objective	There are community resources for information, help, and counseling.
Learner Outcome	Locate school/community resources for AIDS information.
Comprehensive Health Education Topic(s)	X Community Health
Values Integration	Respect for Others: Fostering family and community support systems. Respect for Self: Seeking help from groups who are able to provide assistance. Reasoning: Choosing appropriate help.
Motivating Activity	Students will investigate community and school agencies that provide information about AIDS.
Identification	Students will identify resources within the school and community where they can get information on AIDS: • teacher • library • school nurse • doctor • media • community resource agencies • religious representative • clinic
Effective Communication	Speakers from community resource agencies will visit the class and identify the services and resources they provide with regard to AIDS.
Decision Making	Students will decide where to get accurate AIDS information.
Positive Health Behaviors	Students will use school and community resources, as appropriate.

Teacher Notes on Lesson 18

Background

Lesson #18 is a prevention lesson relating to drug transmission of AIDS.

In this lesson, students will develop a drawing or poster to help others understand how the AIDS virus can be transmitted by illegal intravenous drug use. Students must recognize what risk means, what it is to take a risk, and that intravenous drug use:

- is illegal
- puts them at risk for exposure to AIDS (HIV).

Sharing needles and syringes/works puts individuals at risk because the AIDS virus (HIV) can be transmitted by infected blood that remains on the needle and can be passed from user to user. Having become infected with the AIDS virus, the individual may develop ARC or AIDS.

If an individual is sharing IV drugs and is infected, he/she is probably spreading the infection to others. Regardless of how the individual became infected with the AIDS virus, the individual who has been infected can spread it to others through his/her infected blood.

In order to break the transfer of infection, the individual would need to:

- abstain from illegal use of drugs
- get help for IV drug problems
- refrain from sharing needles and works.

Special Considerations

This lesson also provides an opportunity to discuss other drugs in relation to AIDS. For example, alcohol use may be considered in terms of its weakening effect on the immune system, making one more susceptible to the AIDS virus. Alcohol use may also be considered in terms of its effect on the nervous system, causing altered judgment and permitting individuals to behave in ways that may not reflect their true values. Students need to understand that all alcohol can have this effect, whether beer, mixed drinks, wine coolers, etc.

Teacher Vocabulary

Addiction – Habitual use of a substance (like IV drugs) and inability to stop the craving for such a substance.

AIDS – The initials for the disease "Acquired Immune Deficiency Syndrome." A disease caused by a virus which breaks down the body's immune system, making it vulnerable to opportunistic infections and cancer.

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HIV – The Human Immunodeficiency Virus. It causes AIDS by attacking the body's immune system, making infected people vulnerable to fatal infections, cancer, and neurological disorders.

Illegal drugs – Drugs that are not obtained through legal means or for legitimate medical purposes.

Intravenous drugs – Drugs that are administered through a needle and syringe and injected directly into a vein and thus into the bloodstream.

Needles and works – Devices used to prepare and inject drugs directly into the vein and thus into the bloodstream.

Opportunistic infection – An infection caused by a microorganism that rarely causes disease in persons with a normal immune system.

Risk factor – Activity that makes a person more susceptible or more likely to be exposed to the AIDS virus (HIV).

Transmission – The passing of infectious agents from one person to another.

Syllabus Connections

VI Diseases and Disorders – understanding diseases and disorders and taking actions to prevent or to limit their development. (pp. 28-29)

VIII Alcohol, Tobacco, and Other Drug Substances – understanding the factors involved in using drug substances appropriately and preventing abuse. (pp. 32-33)

Values Integration

Respect for self/avoiding behaviors that put one at risk to exposure to the AIDS virus

Respect for others/avoiding behaviors which can result in the transfer of the AIDS virus to another person

Self-discipline/abstaining from drug use despite pressures

LESSON 18

Grades 4-6

Objective	There are methods of prevention for AIDS.
Learner Outcome	Understand how abstinence from illegal drug use can prevent the transmission of the AIDS virus.
Comprehensive Health Education Topic(s)	VI Diseases and Disorders VIII Alcohol, Tobacco, and Other Drug Substances
Values Integration	Respect for Self: Avoiding behaviors which put one at risk to exposure to the AIDS virus. Respect for Others: Avoiding behaviors which can result in the transfer of the AIDS virus to another person. Self-discipline: Abstaining from illegal drug use despite pressures.

Motivating Activity	Students will create a drawing/poster of how the AIDS virus can be transmitted by illegal intravenous drug use.
Identification	Students will identify drug practices that put a person at risk to be exposed to the AIDS virus.
Effective Communication	Students will discuss why people might use illegal drugs and the advantages to abstaining from illegal drug use. Students will discuss how illegal drug practices increase the risk of exposure to the AIDS virus.
Decision Making	Students will decide what actions a person could take to avoid illegal drug use.

Positive Health Behaviors	Students will practice positive health behaviors to remove themselves from the possibility of exposure to the AIDS virus, such as: • resisting peer pressure • abstaining from illegal drug use • participating in activities that enhance self-respect and self-concept • seeking help for problems or concerns

PATTERN OF LESSON DEVELOPMENT – GRADES 7-8

Lesson development in grades 7-8 is structured around four objectives:

- There are some diseases that are communicable diseases.
  – AIDS is a communicable disease.
- There are skills to practice that will lead to a healthful lifestyle.
- There are community resources for information, help, and counseling.
- There are methods of prevention for AIDS.

The pattern of lesson development identifies the learner outcomes as follows:

Communicable Disease/AIDS	*Healthful Lifestyle*	*Community Resources*	*AIDS Prevention*
#19 Know that a person can transmit the AIDS virus even if he/she looks healthy	#22 Show an appreciation for one's own uniqueness and the uniqueness of others	#26 Find and use available AIDS resources in the community	#27a Understand how abstinence from illegal intravenous (IV) drug use can prevent the transmission of the AIDS virus
#20 Know the ways the AIDS virus can and cannot be transmitted	#23 Practice skills in saying no		#27b Understand how abstinence from sexual activity can prevent the transmission of the AIDS virus
#21 Identify behaviors that do not put a person at risk for the AIDS virus	#24 Understand the impact of AIDS on the family		
	#25 Recognize the influences of media messages		

Instruction at this level focuses on practicing those skills and behaviors which promote respect and appreciation for self and others, namely: acceptance of self, acceptance of others, resisting pressure, saying no, abstaining from illegal drug use, and abstaining from sexual intercourse. It is at this level that a more concentrated AIDS instruction focus begins through identification of behaviors associated with AIDS transmission, moves to knowledge of available AIDS resources within the community and to compassionate sensitivity toward persons with AIDS, and provides special emphasis on abstinence as the surest way to prevent transmission of the AIDS virus.

Lessons #27a and #27b constitute the prevention component of this cluster. While both stress abstinence, #27a focuses on illegal drug use while #27b targets abstinence from sexual activity with a discussion in Teacher Notes of prevention strategies needed for those who have concerns related to sexual activity.

The lessons provide a framework for addressing AIDS instruction at the secondary level according to Commissioner's Regulations. The Regulations at the secondary level (7-8) require AIDS instruction as part of the required health education course at this level. Instruction needs to provide accurate information concerning the nature of the disease, methods of transmission, and methods of prevention stressing abstinence as the most appropriate and effective premarital protection against AIDS. Instruction also needs to be age-appropriate and consistent with community values. Please note that a student may be excused from the methods of prevention classes upon receipt of a written request to the principal from a parent or guardian.

Coordination and correlation with the existing 7-8 health education course is essential to determine how the learner outcomes for AIDS instruction define, duplicate, or enhance the overall health education program at this grade-level cluster.

Teacher Notes on Lesson 19

Background

The purpose of this lesson is to help students to recognize that a person may appear healthy outwardly, yet still be a carrier of the Human Immunodeficiency Virus (HIV) and be able to pass it on to others. Symptoms of many infections include night sweats, swollen glands, weight loss, etc. When AIDS or AIDS Related Complex (ARC) is involved, these symptoms are severe and persistent.

The current laboratory test for HIV reveals antibodies in the blood. The antibodies show up anywhere within the spectrum which is included in diagram form.

The activity of composing a letter allows students to express the wide range of concerns and confusions someone might experience. It also allows an opportunity to bring home to students just what AIDS has to do with them, and helps them to recognize that AIDS is not just a disease of "other people." It also can serve to dispel unnecessary fear, by providing accurate information.

Teacher Vocabulary

AIDS – The initials for the disease "Acquired Immune Deficiency Syndrome." A disease caused by a virus which breaks down the body's immune system, making it vulnerable to opportunistic infections and cancer.

Antibodies – Substances in the blood produced by the body's immune system to fight against invading organisms.

Antigen – A substance that stimulates the production of antibodies.

ARC – AIDS Related Complex. A condition caused by the HIV in which the individual tests positive for HIV and has a specific set of clinical symptoms that are often less severe than those of AIDS.

Asymptomatic – No apparent symptoms of illness even though the individual tests positive for the HIV.

Carrier – A person who harbors a specific infectious agent in the absence of clinical disease and serves as a potential source of infection.

HIV – The Human Immunodeficiency Virus. It causes AIDS by attacking the body's immune system, making infected people vulnerable to fatal infections, cancer, and neurological disorders.

Immune system – A body system that helps fight off invading organisms and disease.

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Incubation period – The time interval between invasion by an infectious agent and appearance of the first sign or symptom of the disease in question.

Kaposi's sarcoma – A cancer or tumor of the blood and/or lymphatic vessel walls. It usually appears as blue-violet to brownish skin blotches or bumps.

Opportunistic infection – An infection caused by a microorganism that rarely causes disease in persons with a normal immune system.

Pneumocystis carinii pneumonia – The most common life-threatening opportunistic infection diagnosed in AIDS patients. It is caused by a parasite, Pneumocystis carinii.

Spectrum – A range of factors associated with HIV infection or a range of outcomes.

Syllabus Connection

VI Diseases and Disorders – understanding diseases and disorders and taking actions to prevent or to limit their development. (pp. 28-29)

Values Integration

Reasoning/understanding the spectrum of infection of the AIDS virus

SPECTRUM OF HIV INFECTION

	ASYMPTOMATIC	ARC AIDS RELATED COMPLEX	AIDS
External Signs	• No symptoms • Looks well	• Fever • Night sweats • Swollen lymph glands • Weight loss • Diarrhea • Minor infections • Fatigue	• Kaposi's sarcoma • Pneumocystis carinii pneumonia and other opportunistic infections • Neurological disorders
Incubation	• Invasion of virus to 3 months	• Several months to 10 years	• Several months to 10 years
Internal Level of Infection	• Antibodies are produced • Immune system remains intact • Positive antibody test	• Antibodies are produced • Immune system weakened • Positive antibody test	• Immune system deficient • Positive antibody test
Possible to Transmit HIV	• Yes	• Yes	• Yes

LESSON 19

Grades 7-8

Objective
AIDS is a communicable disease.

Learner Outcome
Know that a person can transmit the AIDS virus even if he/she looks healthy.

Comprehensive Health Education Topic(s)
VI Diseases and Disorders

Values Integration
Reasoning: Understanding the spectrum of infection of the AIDS virus.

Motivating Activity
The teacher will distribute this "Dear Sam" letter to each student:

Dear Sam:

What is the AIDS virus? What does it mean when someone has the AIDS virus...? All the TV and news stories are confusing me.

CONCERNED

Identification
The teacher will draw the AIDS virus (HIV) spectrum on the board with three stages:

- asymptomatic
- ARC
- AIDS

Students will identify internal and external signs of the disease for each of the three stages.

Effective Communication
Students will compose a response to CONCERNED's letter.

Decision Making
Students will decide how CONCERNED should be answered.

Positive Health Behaviors
Students will know that a person can transmit the AIDS virus whether he/she looks healthy or ill.

Teacher Notes on Lesson 20

Background

For this activity we have used the term "the AIDS virus" to help the students relate to what they read and hear about AIDS. The more accurate designation is that Human Immunodeficiency Virus (HIV) is the transmitter of the disease AIDS.

A true-false quiz is used to clarify information students have or should have. This quiz is repeated in increasingly complex form through grades 4-12. It is important for you to review regularly accurate, up-to-date information stressing especially the ways AIDS is and is not transmitted. Correcting misinformation can reduce the fears that could get in the way of practicing skills that will protect oneself, and others, from AIDS. You will probably want to refer to the Appendix section on "Current Information on AIDS" of this guide or call the toll-free information number, 1-800-342-AIDS, or the New York State hotline, 1-800-541-AIDS, to provide yourself with the latest information about AIDS.

Adapt the "AIDS MYTH-FACT SHEET" to suit the needs of your students and distribute to each student. Have students respond to each statement and correct their own mistakes. The lesson allows for correction of misinformation during a discussion of student responses. An answer sheet is included for your convenience.

While good health practices do not include sharing makeup and towels, the information is included to stress ways AIDS is *not* transmitted. This is also an opportunity to reinforce that sitting next to a student with AIDS does not put one at risk because the AIDS virus is not transmitted by casual contact.

Special Considerations

Information on sexual intercourse may be introduced in this lesson. Because the knowledge level about human reproduction varies according to local curriculum and the knowledge of individual students, the lesson should be adjusted to insure that the information presented and the student's preparation for the lesson match. Adjustments in the lesson or prerequisite lessons may be necessary.

Syllabus Connection

VI Diseases and Disorders – understanding diseases and disorders and taking actions to prevent or to limit their development. (pp. 28-29)

Values Integration

Respect for self/awareness and concern for one's own health

Reasoning/understanding the process of AIDS transmission

AIDS MYTH-FACT SHEET FOR LESSON #20
(grades 7-8)

Put a T in front of each statement that is true and an F in front of each statement that is false.

1. The AIDS virus is *only* transmitted through infected semen and infected blood.
2. The AIDS virus is transmitted by hugging and kissing.
3. AIDS is a disease that can be transmitted in a limited number of ways.
4. People can look and feel healthy and still transmit the AIDS virus.
5. People who shoot drugs and share needles can get AIDS.
6. There is a vaccine to prevent AIDS.
7. Women can transmit the AIDS virus.
8. Everyone who engages in sexual intercourse is at risk for AIDS if an infected partner is involved.
9. Everyone infected with the AIDS virus has developed AIDS.
10. A person can get AIDS from giving blood.
11. There are national and State toll-free, telephone hotlines that provide AIDS information.

Answers to AIDS MYTH-FACT SHEET #20

1. False
2. False
3. True
4. True
5. True
6. False
7. True
8. True
9. False
10. False
11. True

The U.S. Public Health Service 24-hour AIDS national hotline phone number is: 1-800-342-AIDS. The New York State hotline phone number is: 1-800-541-AIDS.

Lesson 20

Grades 7-8

Objective

AIDS is a communicable disease.

Learner Outcome

Know ways the AIDS virus can and cannot be transmitted.

Comprehensive Health Education Topic(s)

VI Diseases and Disorders

Values Integration

Reasoning: Understanding the process of AIDS transmission.

Respect for Self: Awareness and concern for one's own health.

Motivating Activity

The teacher will distribute the AIDS MYTH-FACT SHEET.

Identification

Students will identify the ways that the AIDS virus can be transmitted:

- sharing needles (IV drug use)
- sexual intercourse with an infected partner
- infected mother to unborn baby
- transfusion of infectious blood or blood fractions

Students will identify ways that the AIDS virus cannot be transmitted:

- sneezing
- sharing makeup, towels
- using public toilets
- using swimming pools
- eating at a restaurant
- being in the same class with someone who has AIDS

Effective Communication

Students will discuss ways the AIDS virus can and cannot be transmitted.

Decision Making

Using the AIDS MYTH-FACT SHEET, students will decide under which circumstances the AIDS virus can be transmitted.

Positive Health Behaviors

Students will understand the ways the AIDS virus can be transmitted.

Students will recognize the ways that the AIDS virus cannot be transmitted.

Teacher Notes on Lesson 21

Background

This lesson provides for a review of the "AIDS MYTH-FACT SHEET" from Lesson #20. It also allows you to introduce a model for making decisions such as:

- Identify problem.
  - –My friend has AIDS. Should I go to dinner at her/his home?
- Identify alternatives.
  - –I will go to dinner or I will not go to dinner.
- Identify concerns.
  - –I'm scared of AIDS.
  - –I'm afraid I may get AIDS from eating with my friend.
  - –I love my friend, but I am afraid of getting AIDS.
  - –I love my friend, but I am embarrassed.
  - –I don't know how my friend got AIDS. Is he/she homosexual? Was she/he using IV drugs? Did she/he have sexual intercourse with an infected partner?
  - –Can I get AIDS from using the same bathroom?
- Identify facts.
  - –AIDS is a communicable disease that is not easily transmissible.
  - –AIDS is not transmitted by sneezing, coughing, eating together, being in the same room, or sharing a bathroom.
  - –AIDS is transmitted through infected blood, infected semen, and infected vaginal secretions.
- What would be your choice?
- Why?

Many individuals are misinformed or they misunderstand transmission factors. They associate AIDS with certain groups of people (drug abusers, the sexually promiscuous, homosexuals) and fear them. They think they can get AIDS in situations in which they cannot and that it is transmitted in a casual way. During this lesson, it will be important to clarify misinformation and fears so students may demonstrate respect for others and show care, understanding, and compassion.

It may be helpful to you to review the Appendix section entitled "Current Information on AIDS" in this guide or to call the toll-free

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information number, 1-800-342-AIDS, or the New York State information number, 1-800-541-AIDS, prior to starting this lesson.

Syllabus Connection

II Emotional Health – recognizing the relationships among emotional reactions, social relationships, and health for establishing patterns of behavior that promote emotional health and sound interpersonal relationships. (pp. 20-21)

VI Diseases and Disorders – understanding diseases and disorders and taking actions to prevent or to limit their development. (pp. 28-29)

Values Integration

Reasoning/considering risks and the consequences of choices; distinguishing between myths and facts

Respect for others/showing care, understanding, and compassion for others

LESSON 21

Grades 7-8

Objective	AIDS is a communicable disease.
Learner Outcome	Identify behaviors that do not put a person at risk for the AIDS virus.
Comprehensive Health Education Topic(s)	II Emotional Health VI Diseases and Disorders
Values Integration	Reasoning: Considering risks and the consequences of choices; distinguishing between myths and facts. Respect for Others: Showing care, understanding, and compassion for others.

Motivating Activity	The teacher will present students with the following situation: Your best friend has just returned from the hospital after being diagnosed with AIDS and has invited you to dinner at her/his home. What should you do?
Identification	Students will identify what a risk is and brainstorm a list of risks and concerns in this situation. The teacher and class will distinguish between myths and facts, as they discuss the list of risks.
Effective Communication	Students will discuss reasons why they would or would not go to dinner. Students will role-play several possible responses and then reverse roles. Students will discuss this at home.
Decision Making	Students will decide whether or not to go to dinner in this hypothetical situation.

Positive Health Behaviors	Students will gain confidence to participate in activities that do not put them at risk. Students will behave in ways that demonstrate care and sensitivity toward persons with AIDS.

Teacher Notes on Lesson 22

Background This lesson explores the "inside" and "outside" of persons in order to build respect and appreciation for the feelings – the "inside" as well as what may be outwardly expressed by another. The lesson requires sensitivity on your part. In this activity students use containers to represent how they perceive themselves and who they are. Students will select pictures that represent how others might see them to be attached to the outside of the container and others that show "who they are" to be placed inside the container. In some schools, you may have to provide materials for the students to take home to work with. On the *outside* of the container students may include pictures or objects which represent:

- appearance
- activities
- favorite characters.

The *inside* of the container would include pictures or objects which represent:

- feelings
- attitudes
- wishes/dreams
- personal qualities.

In Effective Communication students are given the opportunity to share the significance of one "outside" and one "inside" piece in small groups. No student should be forced to explain the inside contents to another. The key to this lesson is helping students to recognize their uniqueness. Realizing and affirming one's own attributes, internal and external, can help to develop self-knowledge and self-esteem. Students may also want to discuss the similarities and differences between one's "inside" and one's "outside." These understandings help the student to gain an awareness of self that aids in self-appreciation, as a prerequisite for positive health behaviors that uphold one's sense of self.

It is as important for each student to recognize that his/her "inside" may look different from his/her "outside" as it is to recognize it about other students. Realizing and affirming one's own attributes, internal and external, can help to develop self-knowledge and self-esteem. These understandings help the student focus on behaviors that help to reduce risk.

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Syllabus Connection

I Human Growth and Development – knowing the human body and understanding the characteristics and natural progression of development in the life cycle for taking actions that promote health at each developmental stage. (pp. 18-19)

II Emotional Health – recognizing the relationships among emotional reactions, social relationships, and health for establishing patterns of behavior that promote emotional health and sound interpersonal relationships. (pp. 20-21)

V Family Life Education – appreciating the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood. (pp. 26-27)

Values Integration

Respect for self/appreciation for one's self and one's uniqueness

Respect for others/acceptance and appreciation for the uniqueness of others

LESSON 22

Grades 7-8

Objective	There are skills to practice that will lead to a healthful lifestyle.
Learner Outcome	Show an appreciation for one's uniqueness and the uniqueness of others.
Comprehensive Health Education Topic(s)	I Human Growth and Development II Emotional Health V Family Life Education
Values Integration	Respect for Self: Appreciation for one's self and one's uniqueness. Respect for Others: Acceptance and appreciation for the uniqueness of others.

Motivating Activity	With a container for each student and a large selection of magazines, students will select pictures, words, or images that represent how others might see them from the "outside" (appearance, activities, "favorite characters") and paste them on the outside of the container. In the same fashion, students will select pictures, etc. that represent how they view themselves from within (feelings, dreams, wishes, personal qualities) and place them inside the container.
Identification	Each student will identify which characteristics on the outside of the container match those on the inside.
Effective Communication	In small groups, students will have the opportunity to share one "outside" and one "inside" piece and discuss the significance of each choice.
Decision Making	Students will decide which pictures represent their "outside" and which represent their "inside." Students may decide whether or not to share their "insides" with others. Students will decide whether most other students' "insides" match their "outsides."

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Positive Health Behaviors

Students will practice behaviors that recognize and respect the "insides" as well as the "outsides" of themselves and others, such as:

- acceptance of self
- sharing self-awareness
- listening to self and others
- understanding and acceptance of others

Teacher Notes on Lesson 23

Background

Dealing with peer pressure is an important aspect of adolescent development. Understanding the feelings generated by such pressure, and the reasons behind the pressures, can help students identify words and actions that they can use to resist those pressures that are often contrary to their own values. Students can learn to clearly say no.

Students need opportunities to practice the skills that will lead to a healthful lifestyle. Guided opportunities such as this lesson allow for exploring how one puts pressure on others as well as how one can respond to pressures and say no. In order for all the students to have the opportunity to practice skills leading to resisting pressure, it is helpful to conduct the Effective Communication portion of this lesson in groups of three students. Designate the role of "pressurer," "responder," and "observer" among members of the group – and rotate these roles in each situation. Allow students to role-play for three minutes; then discuss reactions of each participant with the whole class. Put feelings and reactions on the board.

Syllabus Connection

I Human Growth and Development – knowing the human body and understanding the characteristics and natural progression of development in the life cycle for taking actions that promote health at each developmental stage. (pp. 18-19)

II Emotional Health – recognizing the relationships among emotional reactions, social relationships, and health for establishing patterns of behavior that promote emotional health and sound interpersonal relationships. (pp. 20-21)

V Family Life Education – appreciating the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood. (pp. 26-27)

Values Integration

Respect for self/behaving in accordance with one's values and beliefs

Respect for others/acceptance and appreciation for the values and beliefs of others

Reasoning/thinking for oneself

Self-discipline/saying no

LESSON 23

Grades 7-8

Objective

There are skills to practice that will lead to a healthful lifestyle.

Learner Outcome

Practice skills in saying no.

Comprehensive Health Education Topic(s)

I Human Growth and Development
II Emotional Health
V Family Life Education

Values Integration

Respect for Self: Behaving in accordance with one's values and beliefs.

Respect for Others: Acceptance and appreciation for the values and beliefs of others.

Reasoning: Thinking for oneself.

Self-discipline: Saying no.

Motivating Activity

Role-play:

The teacher will ask two volunteers to leave the room. The teacher will then prompt the class to play a group role in which they pretend they are at a friend's house and urge the volunteer students to have a drink.

The volunteers, while outside, are told to resist the class's urgings. The volunteers are brought back into the classroom.

Identification

Students will identify:

- actions and words used by class to urge volunteers to drink
- actions and words used by volunteers to say no

Students will identify:

- feelings of class as they continued to urge volunteers to drink
- feelings of volunteers as class continued to urge volunteers to drink

Effective Communication

After large-group activity of role-playing, the class will discuss reactions. Then the class will be broken up into triads with two situations to role-play:

1. Your best friend is pressuring you to try a drug and you don't want to.

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2. Your boyfriend or girlfriend is pressuring you to have sex and you don't want to.

The teacher will ask students to discuss the following:

- How did you feel when you were pressuring your friend?
- How did you feel when you were being pressured?
- What did you do or say to handle the pressure?

Decision Making

Students will take turns in role-playing and decide what behaviors were successful in order to resist pressure.

Positive Health Behaviors

Students will recognize how they themselves pressure others to do things they may not wish to do and how to stop that behavior.

Students will resist the pressures of others when they are asked to do things they don't want to do, by actions and words that clearly say no.

Teacher Notes on Lesson 24

Background

In this lesson, a "Dear Sam" letter provides an opening to explore the impact of AIDS on the family. The lesson should deal with the personal impact as well as the availability of support services and information in the community. You may want to consider the impact of AIDS if the sister is younger than 13 years of age. Would the responses be different if the AIDS patient is an older sister? How?

With your help, students should be able to identify some of the physical, emotional, and family concerns and needs that AIDS may present. Students with experience in caring for acutely ill, chronically ill, or disabled persons at home may help to generate some of the responses. This may help to focus on feelings of fear, denial, anger, and acceptance on the part of the person with AIDS and the family, and the importance of maintaining positive social behaviors with persons with AIDS.

You may want to review some of the resources available in your community, such as health care systems, social and human service agencies, and support groups. Lessons #26 and #35 in the present guide also deal with some of these concerns.

The school library may have books that respond to the feelings and issues raised here, or a guidance counselor or school psychologist may speak to students.

Syllabus Connection

II Emotional Health – recognizing the relationships among emotional reactions, social relationships, and health for establishing patterns of behavior that promote emotional health and sound interpersonal relationships. (pp. 20-21)

V Family Life Education – appreciating the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood. (pp. 26-27)

VI Diseases and Disorders – understanding diseases and disorders and taking actions to prevent or to limit their development. (pp. 28-29)

X Community Health – understanding the importance of developing health services responsive to present and projected community needs and for becoming a contributor to the health of the community. (pp. 36-37)

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Values Integration

Respect for others/responsibilities to one's family; compassion, showing care and understanding

Respect for self/asking for help from groups who are able to provide assistance

LESSON 24

Grades 7-8

Objective

There are skills to practice that will lead to a healthful lifestyle.

Learner Outcome

Understand the impact of AIDS on the family.

Comprehensive Health Education Topic(s)

II Emotional Health
V Family Life Education
VI Diseases and Disorders
X Community Health

Values Integration

Respect for Others: Responsibilities to one's family; compassion, showing care and understanding.

Respect for Self: Asking for help from groups that are able to provide assistance.

Motivating Activity

The teacher will present students with the following letter:

Dear Sam:

My sister was just diagnosed as having AIDS. She will be home from the hospital next week.

I am 13 years old. What can my family do to help her?

WORRIED

Identification

Students will identify:

- physical concerns and needs
- emotional concerns and needs
- family concerns and needs

Effective Communication

Students will discuss roles of various family members:

- parents, guardians
- siblings
- relatives

Students will discuss community resources that the family can use:

- friends
- school
- religious organization
- community organization

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Decision Making

Students will decide how family members can help one another and the person with AIDS.

Positive Health Behaviors

Students will understand the impact of AIDS, and the importance of maintaining positive social behaviors with persons with AIDS:

- sharing family responsibilities to support the person
- spending time together with the person
- including the person in activities
- being attentive and sensitive to the person's needs and concerns

Students will recognize that there are community resources available.

Teacher Notes on Lesson 25

Background

Advertisements and commercials targeted at teenagers influence teenage attitudes and behaviors. In this lesson students identify the words and images created to communicate messages that go beyond the product and may influence their sexual attitudes.

The goal is to heighten students' awareness and aid them in recognizing all the messages they encounter. It is for this reason that the decision-making component of the lesson is the key. Students need to recognize how media messages influence their personal behavior and attitudes. In becoming aware of the effects these influences have on them, students need guidance in clarifying their own thoughts and feelings with regard to their sense of self with special emphasis on the sexual messages they receive. Students will then be better equipped to resist negative influences.

Syllabus Connection

V Family Life Education – appreciating the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood. (pp. 26-27)

XI Healthful Lifestyles – appreciating the need for responsibility and planning for developing and maintaining a healthful lifestyle. (pp. 38-39)

Values Integration

Reasoning/recognizing the impact of direct and subtle media messages

Respect for self/awareness and concern for one's sexuality as an ingredient of personal dignity

Respect for others/awareness and concern for the sexuality of others as an ingredient of their personal dignity

LESSON 25

Grades 7-8

Objective

There are skills to practice which lead to a healthful lifestyle.

Learner Outcome

Recognize the influences of media messages.

Comprehensive Health Education Topic(s)

V Family Life Education
XI Healthful Lifestyles

Values Integration

Reasoning: Recognizing the impact of direct and subtle media messages.

Respect for Self: Awareness and concern for one's sexuality as an ingredient of personal dignity.

Respect for Others: Awareness and concern for the sexuality of others as an ingredient of their personal dignity.

Motivating Activity

Students will bring in advertisements and identify commercials with which they are familiar.

Identification

With teacher, students will identify some media messages about sex, such as:

- casual sex is OK
- social relationships always seem to have a sexual component
- many things are described in sexual terms to make them attractive:
  – cars are "racy," "seductive"
  – "Nothing gets between me and my _____ jeans"

Effective Communication

Students will discuss, in small groups, which advertisements rely on words to communicate their sexual message and which rely on pictures.

Decision Making

Students will decide which ads rely on words and which on pictures, and they will create two bulletin boards which reflect these advertising methods.

Students will decide how these messages influence them.

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Positive Health Behaviors	Students will recognize and accept their own values.
	Students will be able to feel confident about their beliefs.
	Students will be sensitive to media messages.
	Students will behave in ways that demonstrate their understanding that advertising images do not always reflect positive health behaviors.

Teacher Notes on Lesson 26

Background

Besides having an opportunity to do independent research, students will learn about school and community resources for providing current, accurate information about AIDS in this lesson.

Before assigning groups of students to research particular types of community organizations, an analysis of the different perspectives each research tool might hold would be useful. Looking at the way the same piece of information is handled by different newspapers, magazines, public health agencies, community-based AIDS agencies, religious groups, the American Red Cross, etc. may help students to identify informational bias, partial information, or inaccurate information.

For your own information, you may want to review the Appendix entitled "Current Information on AIDS" or call the toll-free information number, 1-800-342-AIDS or the New York State hotline, 1-800-541-AIDS, to provide yourself with the latest information.

Students' AIDS research can be conducted through:

- newspapers
- magazines
- libraries
- drug abuse centers
- local chapter of American Red Cross
- local county public health agency
- religious groups
- regional AIDS centers.

The teacher may wish to select some particular problems, such as:

- getting general information on AIDS
- getting a confidential blood test
- receiving health care for symptoms related to AIDS and ARC
- getting statistics on AIDS (current and projected)
- getting support for dealing with a family member with AIDS
- getting information on opportunistic infections
- getting information on IV drug abuse problems.

As in any open-ended activities, please exercise caution about appropriateness of materials brought into the classroom.

Syllabus Connection

X Community Health – understanding the importance of developing health services responsive to present and projected community needs and for becoming a contributor to the health of the community. (pp. 36-37).

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Values Integration

Reasoning/identify appropriate community supports

Respect for self/responsibility to make oneself aware of threats to health and community resources that can help

LESSON 26 — Grades 7-8

Objective	There are community resources for information, help, and counseling.
Learner Outcome	To find and use available AIDS resources in the community.
Comprehensive Health Education Topic(s)	X Community Health
Values Integration	Reasoning: Identifying appropriate community supports. Respect for Self: Responsibility to make oneself aware of threats to health and community resources that can help.
Motivating Activity	Students will do research on an agency that provides information about AIDS or on an agency that provides help and support for a person with AIDS.
Identification	Students will identify information and available services.
Effective Communication	Students will share information gathered with class.
Decision Making	Students will review the best sources for obtaining accurate, reliable, current information about AIDS.
Positive Health Behaviors	Students will know where and how to obtain current, reliable AIDS information.

Teacher Notes on Lesson 27a

Background

Lesson #27a is a prevention lesson, designed to be taught as a two-part lesson, #27a relating to drug transmission of AIDS and #27b relating to sexual transmission of AIDS.

In this lesson, students will create a cartoon to help others understand how the AIDS virus can be transmitted by illegal intravenous drug use. Students must recognize what risk means, what it is to take a risk, and that intravenous drug use:

- is illegal
- puts them at risk for exposure to AIDS (HIV).

Sharing needles and syringes/works puts individuals at risk because the AIDS virus (HIV) can be transmitted by infected blood that remains on the needle and can be passed from user to user. Having become infected with the AIDS virus, the individual may develop ARC or AIDS.

If an individual is sharing IV drugs and is infected, he/she is probably spreading the infection to others. Regardless of how the individual became infected with the AIDS virus, the individual who has been infected can spread it to others through his/her infected blood, infected semen, or infected vaginal secretions.

In order to break the transfer of infection, the individual would need to:

- abstain from illegal use of drugs
- get help for IV drug problems
- refrain from sharing needles and works.

Special Considerations

This lesson also provides an opportunity to discuss other drugs in relation to AIDS. For example, alcohol use may be considered in terms of its weakening effect on the immune system, making one more susceptible to the AIDS virus. Alcohol use may also be considered in terms of its effect on the nervous system, causing altered judgment and permitting individuals to behave in ways that may not reflect their true values. Students need to understand that all alcohol can have this effect, whether beer, mixed drinks, wine coolers, etc.

Teacher Vocabulary

Addiction – Habitual use of a substance (like IV drugs) and inability to stop the craving for such a substance.

AIDS – The initials for the disease "Acquired Immune Deficiency Syndrome." A disease caused by a virus which breaks down the

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body's immune system, making it vulnerable to opportunistic infections and cancer.

HIV – The Human Immunodeficiency Virus. It causes AIDS by attacking the body's immune system, making infected people vulnerable to fatal infections, cancer, and neurological disorders.

Illegal drugs – Drugs that are not obtained through legal means or for legitimate medical purposes.

Intravenous drugs – Drugs that are administered through a needle and syringe and injected directly into a vein and thus into the bloodstream.

Needles and works – Devices used to prepare and inject drugs directly into the vein and thus into the bloodstream.

Opportunistic infection – An infection caused by a microorganism that rarely causes disease in persons with a normal immune system.

Risk factor – Activity that makes a person more susceptible or more likely to be exposed to the AIDS virus (HIV).

Transmission – The passing of infectious agents from one person to another.

Syllabus Connections

VI Diseases and Disorders – understanding diseases and disorders and taking actions to prevent or to limit their development. (pp. 28-29)

VIII Alcohol, Tobacco, and Other Drug Substances – understanding the factors involved in using drug substances appropriately and preventing abuse. (pp. 32-33)

Values Integration

Respect for self/avoiding behaviors that put one at risk to exposure to the AIDS virus

Respect for others/avoiding behaviors which can result in the transfer of the AIDS virus to another person

Self-discipline/abstaining from drug use despite pressures

LESSON 27a

Grades 7-8

Objective	There are methods of prevention for AIDS.
Learner Outcome	Understand how abstinence from illegal drug use can prevent the transmission of the AIDS virus.
Comprehensive Health Education Topic(s)	VI Diseases and Disorders VIII Alcohol, Tobacco, and Other Drug Substances
Values Integration	Respect for Self: Avoiding behaviors which put one at risk to exposure to the AIDS virus. Respect for Others: Avoiding behaviors which can result in the transfer of the AIDS virus to another person. Self-discipline: Abstaining from illegal drug use despite pressures.
Motivating Activity	Students will create a cartoon of how the AIDS virus can be transmitted by illegal intravenous drug use.
Identification	Students will identify drug practices that put a person at risk to be exposed to the AIDS virus.
Effective Communication	Students will discuss why people might use illegal drugs and the advantages to abstaining from illegal drug use. Students will discuss how illegal drug practices increase the risk of exposure to the AIDS virus.
Decision Making	Students will decide what actions a person could take to avoid illegal drug use.
Positive Health Behaviors	Students will practice positive health behaviors to remove themselves from the possibility of exposure to the AIDS virus, such as: • resisting peer pressure • abstaining from illegal drug use • participating in activities that enhance self-respect and self-concept • seeking help for problems or concerns

Teacher Notes on Lesson 27b

Background

This prevention lesson is intended to be taught as part of Lesson #27a. Please review those Teacher Notes. A student-developed radio script is used to help students to warn their friends about the sexual transmission of the AIDS virus and to communicate the advantages of abstinence.

Students must recognize that abstinence is the surest protection against the AIDS virus.

Sexual intercourse puts students at risk for exposure to the AIDS virus:

- The AIDS virus can be transmitted during sexual intercourse.
- It is not always possible to know whether a sexual partner has been exposed to infection by the AIDS virus.
- An individual can acquire the AIDS virus by having sexual intercourse with an infected person.

Special Considerations

It is often difficult for you to know the level of sexual activity of students in the class, and students may suggest activities they have read about, heard about, seen in a movie, or imagined.

Adjustments to the lesson should be made to accommodate those who do not know about human sexual reproduction. This may require providing understandings about human sexuality prior to teaching this lesson.

Questioning by students should be encouraged and sources of answers provided. At times, the teacher should refer the student elsewhere for the answer to a question – to parents, to clergy, to a physician, to the school nurse, etc.

The purpose of this lesson is to communicate how abstinence from sexual activity can prevent the transmission of the AIDS virus. If students may be sexually active or have questions about sexual activity, the following information (from the New York State Department of Health) is critically important for them to know:

- Until you ask a lot of questions about his or her past sexual experience and drug use, don't have sex with anyone.
- The more people you have sex with, the greater the chances you may get infected, so don't have sex with multiple partners.
- With infected persons, using a condom (see Appendix C) during sex may help keep the virus from getting into your body. A

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condom is a thin rubber covering that is slipped over the penis before any sexual contact.

- The chance of blood or semen entering your bloodstream is very high during anal sex, since it can cause tearing of delicate tissues, so avoid anal sex.
- Drugs and alcohol lead you to do things you wouldn't do drug-free, so don't drink alcohol or use drugs of any kind.
- The chance of blood entering your bloodstream is very high when sharing a needle or other equipment to shoot drugs, so don't shoot drugs and don't share a needle or other equipment.

Teacher Vocabulary

AIDS – The initials for the disease "Acquired Immune Deficiency Syndrome." A disease caused by a virus which breaks down the body's immune system, making it vulnerable to opportunistic infections and cancer.

Condom – A sheath used to cover the penis. Condoms come in a variety of materials. Rubber is a material that prevents penetration of HIV and does not break as easily as other substances. Used during sexual intercourse to prevent the transmission of semen, blood, or vaginal secretions and to protect against the AIDS virus (HIV). See Appendix C.

Opportunistic infection – An infection caused by a microorganism that rarely causes disease in persons with a normal immune system.

Risk factor – Activity that makes a person more susceptible or more likely to be exposed to the AIDS virus (HIV).

Semen – The fluid that is expelled from the penis during sexual activity.

Sexual abstinence – Not having sexual intercourse.

Sexual intercourse – Physical sexual contact between individuals that involves the genitalia of at least one person. Includes vaginal intercourse, oral intercourse, and anal intercourse.

Vaginal secretions – Fluids within the vaginal tract.

Syllabus Connection

V Family Life Education – Appreciating the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood. (pp. 26-27)

VI Diseases and Disorders – Understanding diseases and disorders and taking actions to prevent or to limit their development. (pp. 28-29)

Values Integration

Reasoning/understanding the consequences associated with AIDS transmission

Respect for self and others/making responsible decisions to abstain from sexual activity

Self-discipline/delaying sexual activity

LESSON 27b

Grades 7-8

Objective

AIDS is a preventable disease.

Learner Outcome

Understand how abstinence from sexual activity can prevent the transmission of the AIDS virus.

Comprehensive Health Education Topic(s)

V Family Life Education
VI Diseases and Disorders

Values Integration

Reasoning: Understanding the consequences associated with AIDS transmission.

Respect for Self and Others: Making responsible decisions to abstain from sexual activity.

Self-discipline: Delaying sexual activity.

Motivating Activity

Students will develop a radio script which will warn their friends about the sexual transmission of the AIDS virus and communicate the advantages of abstinence.

Identification

Students will identify the pressures and situations that might put a person at risk to be sexually active and be exposed to the AIDS virus.

Effective Communication

Students will write a script which identifies the pressures and situations.

Students will discuss the advantages of abstinence and how it can prevent the spread of the AIDS virus:

- health benefits
- emotional benefits
- educational/career benefits
- family life benefits

Students will discuss how sexual activity might increase the risk of exposure to the AIDS virus.

Decision Making

Students will decide what actions a person could take to promote abstinence and to delay sexual activity.

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Positive Health Behaviors

Students will practice positive health behaviors that remove themselves from the possibility of exposure to the AIDS virus, such as:

- resisting peer pressure
- abstaining from sexual activity
- participating in activities that enhance self-respect and self-concept
- seeking help for problems or concerns

PATTERN OF LESSON DEVELOPMENT – GRADES 9-12

The 9-12 grade-level cluster focuses on five objectives, namely:

- There are some diseases that are communicable diseases.
  – AIDS is a communicable disease.
- There are skills to practice which will lead to a healthful lifestyle.
- There are community resources for information, help, and counseling.
- There are methods of prevention for AIDS.
- There are social and economic implications of AIDS.

The learner outcomes within each of the objectives are delineated as follows:

Communicable Disease/AIDS	*Healthful Lifestyle*	*Community Resources*	*AIDS Prevention*	*Social and Economic Implications*
#28 Know the spectrum of the AIDS virus	#30 Appreciate the value of delaying sexual activity	#35 Identify the community's present and projected responses to AIDS	#36a Understand how abstinence from illegal drug use can prevent the transmission of the AIDS virus	#37 Recognize balance between rights of an individual and rights of society
#29 Know ways the AIDS virus can and cannot be transmitted	#31 Practice skills in saying no		#36b Understand how abstinence from sexual activity can prevent transmission of the AIDS virus	
	#32 Practice sending clear messages through effective verbal and nonverbal communication		#36c Understand how to prevent the transmission of the AIDS virus to an unborn baby	
	#33 Recognize and evaluate media messages regarding sexuality			
	#34 Recognize responsibilities of family and community			

Instruction at this level is comprehensive and has the goal of helping students maintain and promote positive health behaviors that protect them and others from infection with the AIDS virus. Many of the lessons focus on achieving a healthful lifestyle in which students are helped to examine and affirm their values and to develop responsible decision making about how to say no, and how to recognize subtle media sex messages. Students will learn to appreciate the value of delaying sexual activity. Students are given specific information about the spectrum of the AIDS virus and its implications as well as information about the transmission factors associated with AIDS. Instruction at this level includes an examination of current and projected community responses to AIDS as well as an examination of the social and economic issues raised by the disease, such as protecting society without endangering individual rights.

Lessons #36a, #36b, and #36c constitute the prevention component of this cluster. While Lessons #36a and #36b stress abstinence, Lesson #36a

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focuses on illegal IV drug abuse, and Lesson #36b focuses on abstaining from sexual activity with a discussion in Teacher Notes of prevention strategies needed for those who have concerns related to sexual activity. Lesson #36c identifies the responsibilities one has to protect the health of succeeding generations.

The lessons provide a framework for addressing AIDS instruction at the secondary level according to Commissioner's Regulations. The Regulation at the secondary level (9-12) requires AIDS instruction as part of the required health education course in grades 9-12. Instruction needs to provide accurate information concerning the nature of the disease, methods of transmission, and methods of prevention; to stress abstinence as the most appropriate and effective premarital protection against AIDS; and to be age-appropriate and consistent with community values.

Please note, students may be excused from the lessons on methods of prevention upon receipt of a written request to the principal from parent or guardian.

At the end of this grade-level cluster, students should have achieved each of the desired learner outcomes identified in the grid.

Coordination and correlation with the existing 9-12 health education course are essential to determine how the learner outcomes for AIDS instruction define, duplicate, or enhance the overall health education program at this grade-level cluster.

Teacher Notes on Lesson 28

Background

The purpose of this lesson is to help students to recognize the spectrum of the AIDS virus and to note particularly that a person may appear healthy outwardly yet still be a carrier of the Human Immunodeficiency Virus (HIV) and be able to pass it on to others. Symptoms of many infections include night sweats, swollen glands, weight loss, etc. When AIDS Related Complex (ARC) or AIDS is involved, these symptoms are severe and persistent.

Students need to know that regardless of how one received the AIDS virus (i.e., by IV drug use or sexual intercourse), it can be transmitted to others by: sexual intercourse, IV drug use, mother to unborn child. Also, students need to know that even one exposure to the AIDS virus may be sufficient to contract the virus.

The current laboratory test for HIV reveals antibodies in the blood. The antibodies show up anywhere within the spectrum which is included in diagram form.

The activity of composing a letter allows the student to bring up the wide range of factors such as:

- how the AIDS virus is transmitted
- how you cannot tell by looking at someone that he/she has been infected
- how a blood test can determine the presence of antibodies for the AIDS virus but not for the disease
- where individuals can get a blood test if there is a suspicion of infection
- whether the results will remain confidential
- how an individual infected with the AIDS virus can infect others
- how one can develop ARC and/or AIDS
- that there are numerous other serious diseases associated with AIDS for which there are no known cures.

Students will probably come up with some other factors and can be helped to generate statements for their responses.

You may wish to refer to the Appendix section in this guide for "Current Information on AIDS," or call the toll-free information number, 1-800-342-AIDS, or the New York State hotline number,

(continued on next page)

1-800-541-AIDS, to provide yourself with the latest information about AIDS.

Teacher Vocabulary

AIDS – The initials for the disease "Acquired Immune Deficiency Syndrome." A disease caused by a virus which breaks down the body's immune system, making it vulnerable to opportunistic infections and cancer.

Antibodies – Substances in the blood produced by the body's immune system to fight against invading organisms.

Antigen – A substance that stimulates the production of antibodies.

ARC – AIDS Related Complex. A condition caused by HIV in which the individual tests positive for HIV and has a specific set of clinical symptoms that are often less severe than those of AIDS.

Asymptomatic – No apparent symptoms of illness even though the individual tests positive for HIV.

Carrier – A person who harbors a specific infectious agent, in the absence of clinical disease, and serves as a potential source of infection.

HIV – The Human Immunodeficiency Virus. It causes AIDS by attacking the body's immune system, making infected people vulnerable to fatal infections, cancer, and neurological disorders.

Immune system – A body system that helps fight off invading organisms and disease.

Incubation period – The time interval between invasion by an infectious agent and appearance of the first sign or symptom of the disease in question.

Kaposi's sarcoma – A cancer or tumor of the blood and/or lymphatic vessel walls. It usually appears as blue-violet to brownish skin blotches or bumps.

Opportunistic infection – An infection caused by a microorganism that rarely causes disease in persons with a normal immune system.

Pneumocystis carinii pneumonia – The most common life-threatening opportunistic infection diagnosed in AIDS patients. It is caused by a parasite, Pneumocystis carinii.

Syllabus Connection

VI Diseases and Disorders – understanding diseases and disorders and taking actions to prevent or to limit their development. (pp. 28-29)

Values Integration

Reasoning/ability to understand the process of AIDS transmission

SPECTRUM OF HIV INFECTION

	ASYMPTOMATIC	ARC AIDS RELATED COMPLEX	AIDS
External Signs	• No symptoms • Looks well	• Fever • Night sweats • Swollen lymph glands • Weight loss • Diarrhea • Minor infections • Fatigue	• Kaposi's sarcoma • Pneumocystis carinii pneumonia and other opportunistic infections • Neurological disorders
Incubation	• Invasion of virus to 3 months	• Several months to 10 years	• Several months to 10 years
Internal Level of Infection	• Antibodies are produced • Immune system remains intact • Positive antibody test	• Antibodies are produced • Immune system weakened • Positive antibody test	• Immune system deficient • Positive antibody test
Possible to Transmit HIV	• Yes	• Yes	• Yes

LESSON 28

Grades 9-12

Objective AIDS is a communicable disease.

Learner Outcome Know the spectrum of the AIDS virus.

Comprehensive Health Education Topic(s) VI Diseases and Disorders

Values Integration Reasoning: Ability to understand the process of AIDS transmission.

Motivating Activity The teacher will distribute this "Dear Sam" letter to each student:

Dear Sam:

What does AIDS have to do with me? None of my friends have AIDS. What's the big deal?

A REALIST

Identification The teacher will draw HIV continuum on the board with three stages:

- asymptomatic
- ARC
- AIDS

Students will identify internal and external signs of the disease for each of the three stages.

Effective Communication Together the class will compose a response to A REALIST's letter.

Decision Making Students will decide what A REALIST needs to know about the AIDS spectrum and why.

Positive Health Behaviors Students will know that a person can transmit the AIDS virus whether he/she feels healthy or ill.

Teacher Notes on Lesson 29

Background

For this activity we have used the term "the AIDS virus" to help the students relate to what they read and hear about AIDS. The more accurate designation is that Human Immunodeficiency Virus (HIV) is the transmitter of the disease AIDS.

A true-false quiz is used to clarify information students have. The quiz is repeated in increasingly complex form through grades 4-12. It is important for you to review regularly accurate, up-to-date information stressing especially the ways AIDS is and is not transmitted. The lesson provides an opportunity to review the spectrum of the AIDS virus in Lesson #28. Correcting misinformation can reduce the fears that could get in the way of practicing positive health behaviors that will protect oneself and others from AIDS. You will probably want to refer to the "Current Information on AIDS" in the Appendix section of this guide or call the toll-free information number, 1-800-342-AIDS, or the New York State hotline number, 1-800-541-AIDS, to provide yourself with the latest information about AIDS.

Question 11 on the "MYTH-FACT SHEET" has not been included in any past lessons as a knowledge item.

Adapt the "AIDS MYTH-FACT SHEET" as needed and distribute to each student. Have students answer each statement and correct their own mistakes. This lesson allows for correction of misinformation during a discussion of student responses. An answer sheet is included for your convenience.

Syllabus Connection

VI Diseases and Disorders – understanding diseases and disorders and taking actions to prevent or to limit their development. (pp. 28-29)

Values Integration

Reasoning/understanding the consequences associated with AIDS transmission

Respect for self/awareness and concern for one's own health

AIDS MYTH-FACT SHEET FOR LESSON #29
(grades 9-12)

In front of each statement that is true, put a T, and for each statement that is false, put an F.

1. Due to the ways the AIDS virus is transmitted, it is unlikely that AIDS can be transmitted by sitting next to someone in class.
2. Abstinence from sexual intercourse is the surest way to prevent transmission of AIDS virus.
3. People can look and feel healthy and still transmit the AIDS virus.
4. People who shoot drugs and share their needles can get the AIDS virus.
5. There is a vaccine to prevent AIDS.
6. Women cannot transmit the AIDS virus.
7. Everyone who engages in sexual intercourse can be at risk for AIDS.
8. Everyone infected with the AIDS virus has developed AIDS.
9. A person can get AIDS from giving blood.
10. AIDS, itself, usually does not kill a person.
11. Most children with AIDS got it from an infected mother.
12. A person who is concerned can be tested for the AIDS virus.
13. There is both a national and a State toll-free telephone hotline for AIDS information.

Answers to AIDS MYTH-FACT SHEET #29

1. True
2. True
3. True
4. True
5. False
6. False
7. True
8. False
9. False
10. True
11. True
12. True
13. True

The U.S. Public Health Service 24-hour AIDS national hotline phone number is 1-800-342-AIDS. The New York State hotline number is 1-800-541-AIDS.

LESSON 29 — Grades 9-12

Objective AIDS is a communicable disease.

Learner Outcome Know ways the AIDS virus can and cannot be transmitted.

Comprehensive Health Education Topic(s) VI Diseases and Disorders

Values Integration Reasoning: Understanding the consequences associated with AIDS transmission.

Respect for Self: Awareness and concern for one's own health.

Motivating Activity The teacher will distribute an "AIDS MYTH-FACT SHEET" to students.

Identification Students will identify the ways that the AIDS virus can be transmitted:

- sexual intercourse with an infected partner
- sharing IV drug needles with an infected user
- infected mother to unborn baby
- transfusion of infected blood or blood fractions

Students will identify ways in which the AIDS virus cannot be transmitted:

- sneezing
- using toilets
- using swimming pools
- eating in restaurants
- donating blood
- being in the same class as someone with AIDS

Effective Communication Students will discuss each item on the "AIDS MYTH-FACT SHEET," correcting misstatements as they review the sheet.

Decision Making Students will reorganize the "AIDS MYTH-FACT SHEET" to provide statements about how the AIDS virus is transmitted.

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Positive Health Behaviors

Students will demonstrate an understanding of how the AIDS virus is transmitted.

Students will recognize ways that the AIDS virus cannot be transmitted.

Students will carry out their everyday activities with increased confidence.

Teacher Notes on Lesson 30

Background

The purpose of this lesson is to explore some of the reasons why adolescents may engage in sexual activity. Students will need to recognize that personal and societal pressures often may make sexual activity look attractive—however, they need to recognize that there are positive behaviors, other than sexual, which can permit personal development and satisfaction.

Sex is not simply a form of stimulation and personal enjoyment, but carries with it both risk and responsibility. Abstinence is a lifestyle that affords greater opportunities for emotional, psychological, and educational growth.

Advantages of Abstinence

- free from pregnancy and venereal disease
- free from the bother and dangers of the pill, IUD, and other contraceptives
- free from pressure to marry before you are ready
- free from abortion
- free from the trauma of having to give your baby up for adoption
- free from exploitation by others
- free from guilt, doubt, disappointment, worry, rejection
- free to be in control of your life
- free to focus energy on establishing and realizing life goals
- free to develop a respect for self
- free to develop an unselfish sensitivity
- free to have greater trust in marriage
- free to enjoy being a teenager

Syllabus Connection

V Family Life Education – appreciating the role of the family in society and preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood. (pp. 26-27)

Values Integration

Reasoning/understanding the advantages of delaying sexual activity

Respect for self and others/making responsible decisions to abstain

Self-discipline/delaying sexual activity

LESSON 30

Grades 9-12

Objective

There are skills to practice which will lead to a healthful lifestyle.

Learner Outcome

Appreciate the value of delaying sexual activity.

Comprehensive Health Education Topic(s)

V Family Life Education

Values Integration

Reasoning: Understanding the advantages of delaying sexual activity.

Respect for Self and Others: Making responsible decisions to abstain.

Self-discipline: Delaying sexual activity.

Motivating Activity

Students will list reasons why young people might get involved in sexual activity, such as:

- sexual attraction
- societal pressures
- peer pressure
- pressure from a partner
- family situations
- mistaken beliefs
- boredom
- low self-esteem
- drinking and drugs
- loneliness
- influence of soap operas and other media

Identification

Students will identify those reasons which are personal and those which are societal.

Effective Communication

Students will identify one reason and discuss how that problem can be dealt with in ways other than sexual activity.

Decision Making

Students will decide which reasons might relate to themselves.

Positive Health Behaviors

Students will appreciate the value of delaying sexual activity.

Students will appreciate the need to be responsible for their own behavior and for the consequences it may have for themselves and other people.

Teacher Notes on Lesson 31

Background

This activity provides students with opportunities to practice skills in saying no in order to keep students from participating in behaviors that place them at risk for AIDS. So that as many students as possible may take an active part, divide the class into groups and assign one of the skits to each of the groups.

In the first skit situation (My boy-/girlfriend wants me to sleep with him/her. I'm not sure this is what I want to do.) have the students assigned that skit write down all the issues they see in the skit situation. Do the same for the second skit situation. (My friends are using drugs, but I'm scared to do drugs.)

After groups have identified issues in their small groups, list the issues on the board and have each of the groups present its skit with the identified issues. Then have students identify possible statements they can use to communicate that they do not wish to engage in such behaviors. List such statements on the board and then have students select the statements they would like to use to finish their skits, and have them finish acting out the solution to their skit.

Some possible solutions might be:

- Honestly convey thoughts, feelings, and desired outcomes, such as: "I still want to go out with you and I really like you, but I feel uncomfortable with having sex." This opens the doors for further communication.
- Make an excuse, such as: "I can't go out tonight." Excuses may work in the short run, but relationships that are long-term and growing depend on honesty for their nurturance.
- Avoid situations in which the behavior can occur, such as "partying" with friends.

Syllabus Connection

II Emotional Health – recognizing the relationships among emotional reactions, social relationships, and health for establishing patterns of behavior that promote emotional health and sound interpersonal relationships. (pp. 20-21)

V Family Life Education – appreciating the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood. (pp. 26-27)

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Values Integration

Respect for self/refusing to compromise beliefs that one holds as important, and avoiding behaviors that put one at risk for infection

Respect for others/acceptance of the values and beliefs of others

Self-discipline/making choices that value one's personal beliefs and health despite the pressures of others

LESSON 31

Grades 9-12

Objective
There are skills to practice that will lead to a healthful lifestyle.

Learner Outcome
Practice skills in saying no.

Comprehensive Health Education Topic(s)
II Emotional Health
V Family Life Education

Values Integration
Respect for Self: Refusing to compromise beliefs that one holds as important; avoiding behaviors that put one at risk for infection.

Respect for Others: Acceptance of the values and beliefs of others.

Self-discipline: Making choices that value one's personal beliefs and health despite the pressures of others.

Motivating Activity
The teacher will divide students into groups and provide students with the following skit situations to carry out:

- We've been going together for two years. My boy-/girlfriend wants me to sleep with him/her. I love him/her, and I don't want to lose him/her, but I'm not sure this is what I want to do.
- A lot of my friends are using drugs. I don't want to lose my friends, but I'm scared to do drugs.

Identification
Students will identify the issues in each skit situation.

Effective Communication
Student groups will present their skits to the class, without a solution to the situation.

Decision Making
Student audience will list possible ways to say no in skit situations and will decide which actions and words work best to say no.

Students will practice ways to say no.

Positive Health Behaviors
Students will recognize and accept their own values.

Students will be able to feel confident about their beliefs.

Students will recognize situations when it is appropriate to say no and will practice how to say no.

Teacher Notes on Lesson 32

Background This lesson zeroes in on the gaps in interpersonal communication that often exist between an intended message and the actual message that is conveyed. Students must recognize the unclear or "mixed" messages that result when their words are not backed by appropriate actions or when they choose words which do not clearly delineate their thoughts, feelings, or intentions.

Sending a clear message involves four elements:

- self-awareness: recognition of one's own feelings, thoughts, and desired outcomes in a situation
- words: choosing words which accurately convey the intended message
- body language: use of appropriate posture, gestures, eye contact
- actions: follow-through behavior.

Being mindful of the gap that can emerge between what one wants to say and what one actually says, students may need coaching with specific words and body language. The students in the class have a wealth of experiences and ideas they can bring to this activity.

Using this situation as a springboard, you may create your own situation based on your experiences with teenage students, or you may encourage students to pose their own situation for groups to work in. Role-playing is employed to reinforce the positive communication patterns for the rest of the class.

It may be helpful to define the following terms:

- desired outcome: what one wants to happen in a situation
- feeling: an emotional response usually expressed by one word, such as: happy, sad, angry, and scared
- clear message: a statement which clearly communicates a thought, feeling, or desired outcome. (Example: I feel hurt when I think you're ignoring me. I'd like you to understand that.)
- thought: ideas or beliefs that occur in our minds.

It is important for students to understand the meaning of these terms, as students at this age often confuse thoughts with feelings. Though feelings are usually an immediate response to a situation,

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students need guidance in naming those feelings and in articulating their thoughts which may or may not be associated with those feelings.

Syllabus Connection

II Emotional Health – recognizing the relationships among emotional reactions, social relationships, and health for establishing patterns of behavior that promote emotional health and sound interpersonal relationships. (pp. 20-21)

XI Healthful Lifestyles – appreciating the need for responsibility and planning for developing and maintaining a healthful lifestyle. (pp. 38-39)

Values Integration

Respect for self/developing honest and clear communication patterns enhances one's self-confidence and reflects self-responsibility

Respect for others/recognizing the value of honesty in relationships

LESSON 32

Grades 9-12

Objective
There are skills to practice that will lead to a healthful lifestyle.

Learner Outcome
Practice sending clear messages through effective verbal and non-verbal communication.

Comprehensive Health Education Topic(s)
II Emotional Health
XI Healthful Lifestyles

Values Integration
Respect for Self: Developing honest and clear communication patterns enhances one's self-confidence and reflects self-responsibility.

Respect for Others: Recognizing the value of honesty in relationships.

Motivating Activity
The teacher will pose the following situation to the class:

Alex and Gloria have been seeing each other for a few months. Gloria does not want to become any more involved physically than they have been, and she senses Alex does. She continues to spend a lot of time with him alone and puts herself in uncomfortable close encounters with Alex.

Identification
Students will identify the message Gloria may be giving Alex.

Students will discuss the four elements of a clear message:

- self-awareness:
  - –recognizing one's feeling in response to a situation
  - –knowing one's thought about a situation
  - –deciding what one wants in a situation
- words:
  - –choosing words which accurately convey the intended message
- body language:
  - –use of appropriate posture, gesture, eye contact
- actions:
  - –follow-through behavior

Effective Communication
Students will role-play Gloria's response to Alex by communicating her discomfort, her thoughts and concerns, and her preferences for the ways they spend time together.

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	Students will match the nonverbal elements of tone, posture, gestures, and eye contact with their verbal message.
Decision Making	Students will decide on situations in their lives in which they may be giving mixed messages and when they can send a clear message instead.

Positive Health Behaviors	Students will take time to become aware of their feelings, thoughts, and desired outcomes in response to a situation. Students will use "I" statements and appropriate nonverbal signals to communicate their feelings, thoughts, and desired outcomes to others.

Teacher Notes on Lesson 33

Background

This lesson focuses on the influential role of media in shaping students' attitudes regarding sexual behavior.

It is important that students recognize that such messages are conveyed in a variety of ways, some subtle and implicit, others direct and explicit.

While students are called upon to identify specific messages in the media categories presented, this activity constitutes a springboard for assessing the way in which each message is communicated and for evaluating the effect of such messages on themselves and their peers.

When sex is portrayed as a casual social activity enjoyed by young and old alike without regard to discrimination, assessment of possible consequences, or risks, or when human persons are presented primarily as objects of sexual appeal or pleasure, teenage audiences can be influenced and misdirected when making choices regarding their own sexuality and sexual behavior. For this reason, the ability to discern accurately for themselves the meanings and potential influence of media messages is the focal point of this lesson.

Syllabus Connection

V Family Life Education – appreciating the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood. (pp. 26-27)

XI Healthful Lifestyles – appreciating the need for responsibility and planning for developing and maintaining a healthful lifestyle. (pp. 38-39)

Values Integration

Reasoning/recognizing explicit and implicit meanings of messages and media

Respect for self/awareness and concern for one's sexuality as an ingredient of personal dignity

Respect for others/awareness and concern for the sexuality of others as an ingredient of their personal dignity

LESSON 33

Grades 9-12

Objective
There are skills to practice which lead to a healthful lifestyle.

Learner Outcome
Recognize and evaluate media messages regarding sexuality.

Comprehensive Health Education Topic(s)
V Family Life Education
XI Healthful Lifestyles

Values Integration
Reasoning: Recognize explicit and implicit meanings of messages and images.

Respect for Self: Awareness and concern for one's sexuality as an ingredient of personal dignity.

Respect for Others: Awareness and concern for the sexuality of others as an ingredient of their personal dignity.

Motivating Activity
Students will list two or three examples for each of these categories:

- movies
- soap operas or TV serials
- commercials
- music videos
- magazine advertisements

Identification
With teachers, students will identify messages about sex or sexuality conveyed in the examples cited.

These might include:

- "Everybody does it" – Having sex is okay.
- "Sex is fun" – There are no painful consequences or risks associated with sexual behavior.
- "Sex sells" – It is what makes people and things attractive.

Effective Communication
Students will discuss how these messages are communicated:

- directly or explicitly – through the words or behavior of an attractive person or character
- subtly or implicitly – through images, words, or behaviors which suggest sexual meanings or attempt to arouse sexual interest

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Decision Making	Students will decide what effects such media messages have on the attitudes and behaviors of teenagers. Students will decide which messages reflect attitudes and behaviors that can mislead teenagers.
Positive Health Behaviors	Students will recognize explicit and implicit media messages regarding sexuality. Students will effectively analyze and evaluate for themselves the validity of sexual messages conveyed through the media.

Teacher Notes on Lesson 34

Background

By identifying with a fictional family that must confront the reality of dealing with AIDS, this lesson seeks to help students recognize the responsibilities of family in a variety of concerns.

You may want to work with a chart, such as the one in this lesson, on which students can fill in information as they obtain it. As gaps appear in the chart (usually in the Community column), students may want to consider actions they may take to help the community recognize and provide for needs. This lesson will combine well with Lesson #35 in providing a bridge to actual community resources.

Students will probably recognize that many of the concerns dealing with AIDS are similar to concerns that families confront with long-term illnesses or disabilities, and students who have been through this process may be able to provide special insights. When using students as resources, be careful to recognize that they may still be dealing with some concerns and may be very sensitive. This lesson also provides an opportunity to deal with the fact that, at present, there is no cure for AIDS and that families will need to cope with death and dying.

Syllabus Connection

II Emotional Health – recognizing the relationships among emotional reactions, social relationships, and health for establishing patterns of behavior that promote emotional health and sound interpersonal relationships. (pp. 20-21)

V Family Life Education – appreciating the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood. (pp. 26-27)

VI Diseases and Disorders – understanding diseases and disorders and taking action to prevent or to limit their development. (pp. 28-29)

X Community Health – understanding the importance of developing health services responsive to present and projected community needs and for becoming a contributor to the health of the community. (pp. 36-37)

Values Integration

Respect for others/responsibilities to one's family

Respect for others/compassion, caring, and understanding

Respect for self/asking for help from individuals and groups that are able to provide assistance

FAMILY RESPONSIBILITIES

	INDIVIDUAL	FAMILY	COMMUNITY RESOURCES:
PHYSICAL CONCERNS AND NEEDS			
EMOTIONAL CONCERNS AND NEEDS			

FAMILY RESPONSIBILITIES (Sample Using Lesson #33)

	INDIVIDUAL	FAMILY	COMMUNITY RESOURCES:
PHYSICAL CONCERNS AND NEEDS	Weakness Pain Inability to eat/drink	• Be familiar with how AIDS is communicated • Care for brother's needs • Respect his privacy • Spend time with him Reading Watching TV Talking Playing games Listening to music	• Participate in hospice and hospital support and treatment services • Participate in church and community organization outreach programs
EMOTIONAL CONCERNS AND NEEDS	Fear of AIDS Fear of other people's reactions Fear of death and dying Need for companionship	• Discuss AIDS with doctor, nurse, brother, family • Discuss AIDS with friends • Recognize and accept stages of dying Denial Anger Grief Acceptance • Support, as able • Financial Concerns	• Participate in AIDS support group • Use of social service programs

LESSON 34

Grades 9-12

Objective
There are skills to practice that will lead to positive health behaviors.

Learner Outcome
Recognize responsibilities of a family when a member has AIDS.

Comprehensive Health Education Topic(s)
II Emotional Health
V Family Life Education
VI Diseases and Disorders
X Community Health

Values Integration
Respect for Others: Responsibilities to one's family; compassion, caring, and understanding.

Respect for Self: Asking for help from individuals and groups that are able to provide assistance.

Motivating Activity
The teacher will distribute a "Dear Sam" letter:

Dear Sam:

My brother was just diagnosed as having AIDS. He will be home from the hospital next week. What needs to be done to help him?

UPSET

Identification
Students will divide into groups to identify:

- physical concerns and needs
- emotional concerns and needs
- family concerns and needs
- community resources

Effective Communication
Students will discuss roles and responsibilities of family for each identified concern.

Students will draft a response to UPSET that reflects each aspect identified.

Decision Making
Students will decide how the family can meet the varying needs of the person with AIDS.

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Positive Health Behaviors

Students will practice behaviors that involve understanding the needs of others and the need for sharing responsibilities, such as:

- accepting responsibility within family
- spending time with family member
- involving person in family activities
- utilizing community services

Teacher Notes on Lesson 35

Background

In Lesson #34, students dealt with family responsibilities for persons with AIDS. This lesson confirms the present AIDS-related community resources and helps students to project what resources may be necessary in the coming years to meet the needs of increasing numbers of persons with AIDS. You'll find some of this data in the Appendix section on "Current Information on AIDS," but you will probably want to call the toll-free information number, 1-800-342-AIDS, or the New York State AIDS hotline number 1-800-541 AIDS, to get the latest figures. This information is also available through your local library or county health department.

This lesson provides a unique opportunity for students to watch a community respond to a crisis from the beginning, to identify community policymakers, to recognize the actions they are taking, and to participate in this process, as most communities are just beginning to recognize the size and implications of the AIDS epidemic.

You will want to remind your students that, at this time, once a person is infected with the AIDS virus, there are a variety of health and health-related services that may be needed.

The community has a responsibility to help the person with AIDS and his/her family to provide for their:

- physical needs and concerns
- emotional needs and concerns
- family needs and concerns.

The community has a responsibility to its members. It can provide this by having:

- accurate sources of information available in the community
- voluntary testing programs
- counseling services
- substance abuse treatment programs
- hospital/medical treatment services
- self-help groups
- social service supports
- mental health services.

Clearly there is no one "community" that can provide all of these services. Students will need to consider how each AIDS-related community resource fulfills a responsibility, where there are omissions, where there are overlaps, and what still remains to be done.

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Syllabus Connection

X Community Health – understanding the importance of developing health services responsive to present and projected community needs and for becoming a contributor to the health of the community. (pp. 36-37)

Values Integration

Respect for self/responsibility to make oneself aware of threats to health, and community resources that can help

Reasoning/identify organizations which provide AIDS-related information for groups and individuals; resources directed to those who need; provide appropriate family and community support

LESSON 35 — Grades 9-12

Objective
There are community resources for information, help, and counseling.

Learner Outcome
Identify the community's present and projected responses to AIDS.

Comprehensive Health Education Topic(s)
X Community Health

Values Integration
Reasoning: Identify organizations which provide information for groups and individuals related to AIDS; resources directed to those who have needs; provide appropriate family and community support.

Respect for Self: Responsibility to make oneself aware of threats to health and community resources that can help.

Motivating Activity
Students will research a list of AIDS-related community resources.

Identification
Students will identify AIDS-related community resources currently in place:

- hospital
- county health agencies
- planned parenthood
- AIDS council
- religious organizations
- United Fund
- AIDS self-help support groups
- local chapter of American Red Cross
- local hemophilia chapter
- AIDS testing centers
- substance abuse treatment centers
- mental health centers
- hospices

Effective Communication
The teacher will invite an AIDS resource person to discuss current community AIDS needs and how they are being met and to project future community needs based on AIDS data.

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Decision Making	Students will decide whether the resources the community is providing will be adequate for projected AIDS needs in the next five years.
Positive Health Behaviors	Students will participate in community health practices by writing to appropriate agencies or volunteering their assistance to support AIDS-related community resources.

Teacher Notes on Lesson 36a

Background

In this lesson students will write an article for the student newspaper on how abstinence from illegal drug use can prevent the spread of the AIDS virus. It correlates as well with Lessons #36b and #36c. A prior review of these lessons and teacher notes may be helpful.

Students must recognize that intravenous drug use:

- is illegal
- puts them at risk for exposure to the AIDS virus.

Sharing needles, syringes,and works puts individuals at risk because the AIDS virus can be transmitted by infected blood that remains on the needles, syringes,and works and then be passed from user to user. Having become infected with the AIDS virus, the individual may develop ARC or AIDS.

If an individual is sharing IV drugs and is infected, he/she is probably spreading the infection to others. Regardless of how the individual became infected with the AIDS virus, the individual who has been infected can spread it to others through his/her infected blood, semen, or vaginal secretions.

In order to stop the spread of infection, the individual would need to:

- abstain from illegal use of drugs
- get help for IV drug problems
- abstain from sharing needles and works
- abstain from sexual intercourse before marriage
- remain faithful to one's partner
- obtain an HIV antibody test
- if sexually active, always use a condom (See Appendix C.)
- if considering pregnancy, both prospective father and mother should have the HIV antibody test.

Students should also consider the possible reasons why a person may use drugs and what might be done to motivate a change in this behavior. The lesson provides an opportunity to discuss other aspects of drug use in relation to AIDS, particularly the impaired judgment associated with drug and alcohol use. Also, alcohol has immune-suppressant properties which could increase the risk of disease in persons who have already been exposed to the AIDS virus.

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Teacher Vocabulary

Addiction – Habitual use of a substance (like IV drugs) and inability to stop the craving for such a substance.

AIDS – The initials for the disease "Acquired Immune Deficiency Syndrome." A disease caused by a virus which breaks down the body's immune system, making it vulnerable to opportunistic infections and cancer.

HIV – The Human Immunodeficiency Virus. It causes AIDS by attacking the body's immune system, making infected people vulnerable to fatal infections, cancer, and neurological disorders.

Illegal drugs – Drugs that are not obtained through legal means or for legitimate medical purposes.

Intravenous drugs – Drugs that are administered through a needle and syringe and injected directly into a vein and thus the bloodstream.

Needles and works – Devices used to prepare and inject drugs directly into the vein and thus into the bloodstream.

Opportunistic infection – An infection caused by a microorganism that rarely causes disease in persons with a normal immune system.

Risk factor – Activity that makes a person more susceptible or more likely to be exposed to the AIDS virus (HIV).

Transmission – The passing of infectious agents from one person to another.

Syllabus Connections

VI Diseases and Disorders – understanding diseases and disorders and taking actions to prevent or to limit their development. (pp. 28-29)

VIII Alcohol, Tobacco, and Other Drug Substances – understanding the factors involved in using drug substances appropriately and preventing abuse. (pp. 32-33)

Values Integration

Respect for self/avoiding behaviors that put one at risk to exposure to the AIDS virus

Respect for others/avoiding behaviors which can result in the transfer of the AIDS virus to another person

Self-discipline/abstaining from illegal drug use despite pressures

LESSON 36a

Grades 9-12

Objective

There are methods of prevention for AIDS.

Learner Outcome

Understand how abstinence from illegal drug use can prevent the transmission of the AIDS virus.

Comprehensive Health Education Topic(s)

VI Diseases and Disorders
VIII Alcohol, Tobacco, and Other Drug Substances

Values Integration

Respect for Self: Avoiding behaviors which put one at risk to exposure to the AIDS virus.

Respect for Others: Avoiding behaviors which can result in the transfer of the AIDS virus to another person.

Self-discipline: Abstaining from illegal drug use despite pressures.

Motivating Activity

Students will write an article for the school newspaper on how abstinence from illegal drug use can prevent the spread of the AIDS virus.

Identification

Students will identify drug practices that put a person at risk to be exposed to the AIDS virus.

Effective Communication

Students will discuss how drug practices increase the risk of exposure to the AIDS virus, why some people might continue the practices regardless of the AIDS risk, and how such individuals can be helped to change their behavior.

Decision Making

Students will decide to:

- make decisions to avoid illegal drug use
- not begin to use illegal drugs

Positive Health Behaviors

Students will practice positive health behaviors to remove themselves from the possibility of exposure to the AIDS virus, such as:

- resisting peer pressure
- abstaining from illegal drug use
- participating in activities that enhance self-esteem and self-worth
- seeking help for problems or concerns

Teacher Notes on Lesson 36b

Background

It is often difficult for a teacher to know the level of sexual activity among students in the class. Students may suggest activities they have read about, heard about, seen in a movie, or imagined. The purposes of this lesson are to clarify the risks involved when students go beyond abstinence and become sexually active and to identify what strategies are possible in preventing sexual transmission of the AIDS virus.

In this lesson students will write commercials on how to prevent the sexual transmission of the AIDS virus. It correlates as well with Lessons #36a and #36c. A prior review of these lessons and teacher notes may be helpful.

Students must recognize that abstinence is the most appropriate protection against AIDS.

Sexual activity puts individuals at risk for exposure to the AIDS virus:

- The AIDS virus can be transmitted during sexual intercourse.
- It is not always possible to know whether a sexual partner has been exposed to infection by the AIDS virus.
- An individual can acquire the AIDS virus by having sexual intercourse with an infected person.

It is important to communicate how abstinence from sexual activity can prevent the transmission of the AIDS virus. For students who may be sexually active or who have questions about sexual activity, the following information from the New York State Department of Health is critically important:

- Until you ask a lot of questions about his or her past sexual experience and drug use, don't have sex with anyone.
- The more people you have sex with, the greater the chances you may get infected, so don't have sex with multiple partners.
- With infected persons, using a condom during sex may help keep the virus from getting into your body. A condom is a thin rubber covering that is slipped over the penis before any sexual contact. See Appendix C.
- The chance of blood or semen entering your bloodstream is very high during anal sex, since it can cause tearing of delicate tissues, so avoid anal sex.

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- Drugs and alcohol lead you to do things you wouldn't do drug-free, so don't drink alcohol or use drugs of any kind.
- The chance of blood entering your bloodstream is very high when sharing a needle or other equipment to shoot drugs, so don't shoot drugs and don't share a needle or other equipment.

Teacher Vocabulary

AIDS – The initials for the disease "Acquired Immune Deficiency Syndrome." A disease caused by a virus which breaks down the body's immune system, making it vulnerable to opportunistic infections and cancer.

Condom – A sheath used to cover the penis. Condoms come in a variety of materials. Rubber is a material that prevents penetration of HIV and does not break as easily as other substances. Used during sexual intercourse to prevent the transmission of semen, blood, or vaginal secretions and protect against the AIDS virus (HIV). See Appendix C.

Opportunistic infection – An infection caused by a microorganism that rarely causes disease in persons with a normal immune system.

Semen – The fluid that is expelled from the penis during sexual activity.

Sexual abstinence – Not having sexual intercourse with another person.

Sexual intercourse – Physical sexual contact between individuals that involves the genitalia of at least one person. Includes vaginal intercourse, oral intercourse, and anal intercourse.

Vaginal secretions – Fluids within the vaginal tract.

Syllabus Connection

V Family Life Education – appreciating the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood. (pp. 26-27)

VI Diseases and Disorders – understanding diseases and disorders and taking actions to prevent or to limit their development. (pp. 28-29)

Values Integration

Reasoning/understanding the consequences associated with AIDS transmission

Respect for self and others/making responsible decisions to abstain

Self-discipline/delaying sexual activity

LESSON 36b

Grades 9-12

Objective	There are methods of prevention for AIDS.
Learner Outcome	Understand how abstinence from sexual activity is the surest way to prevent transmission of the AIDS virus.
Comprehensive Health Education Topic(s)	V Family Life Education VI Diseases and Disorders
Values Integration	Reasoning: Understanding the value of abstinence. Respect for Self and Others: Understanding the consequences of AIDS transmission. Self-discipline: Delaying sexual activity.

Motivating Activity	Students will write commercials on how to prevent the sexual transmission of the AIDS virus.
Identification	With teacher, students will list the ways in which the AIDS virus is transmitted sexually. With teacher, students will identify methods of prevention, recognizing that abstinence is the surest way to prevent sexual transmission of the AIDS virus.
Effective Communication	In small groups, students will develop prevention messages and share them with the rest of the class.
Decision Making	Students will decide which is the best prevention strategy and why.

Positive Health Behaviors	Students will recognize that abstinence is the surest way to prevent sexual transmission of the AIDS virus.

Teacher Notes on Lesson 36c

Background

This lesson is intended to be taught as part of Lessons #36a and #36b, so please review those teacher notes and lessons.

Students must recognize that abstinence will prevent pregnancy. They must also recognize that a woman may contract AIDS from illegal drug use (intravenous) or sexual intercourse with an infected partner (she may not know a person is infected if he is asymptomatic) and that there are blood tests that can detect the presence of the AIDS virus in a person's blood. Refer to Lesson #37 for information about the limitations of tests when they are performed at early stages of infection.

The unborn baby may contract the AIDS virus during the perinatal period (prior to birth or immediately after birth). Approximately one-third of the babies born to AIDS-infected mothers will also be infected with the AIDS virus. Both prospective mothers and fathers should obtain the AIDS virus antibody test if there is a suspicion that they have been exposed to the AIDS virus. You may wish to refer to the Appendix section on "Current Information on AIDS" for information related to risk factors.

Teacher Vocabulary

AIDS virus (HIV) test – A test used to detect antibodies against the AIDS virus (HIV) in blood samples. This test does not detect AIDS but rather the presence of the virus that can cause AIDS.

Asymptomatic – No apparent symptoms of illness even though the individual tests positive for HIV.

Birth – The act or process of being born.

Blood transfer – The act of transmitting blood from one individual to another. In pregnancy it would occur between the mother and unborn baby through maternal/fetal circulation.

Fetus – Unborn baby developing in the uterus after the end of the second month of pregnancy. Before eight weeks the unborn baby is called an embryo.

Infected partner – Individual in a sexual relationship who is carrying the AIDS virus (HIV) in his/her body.

Intravenous drugs – Drugs that are administered through a needle and syringe and injected directly into a vein and thus into the bloodstream.

Pregnancy – The condition of having a developing embryo or fetus in the body.

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Sexual abstinence – Not having sexual intercourse with another person.

Uterus (womb) – Hollow, muscular, pear-shaped organ in females in which the unborn baby develops.

Syllabus Connection

II Emotional Health – recognizing the relationships among emotional reactions, social relationships, and health for establishing patterns of behavior that promote emotional health and sound interpersonal relationships. (pp. 20-21)

V Family Life Education – appreciating the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood. (pp. 26-27)

VI Diseases and Disorders – understanding diseases and disorders and taking actions to prevent or to limit their development. (pp. 28-29)

VIII Alcohol, Tobacco, and Other Drug Substances – understanding the factors involved in using drug substances appropriately and preventing abuse. (pp. 32-33)

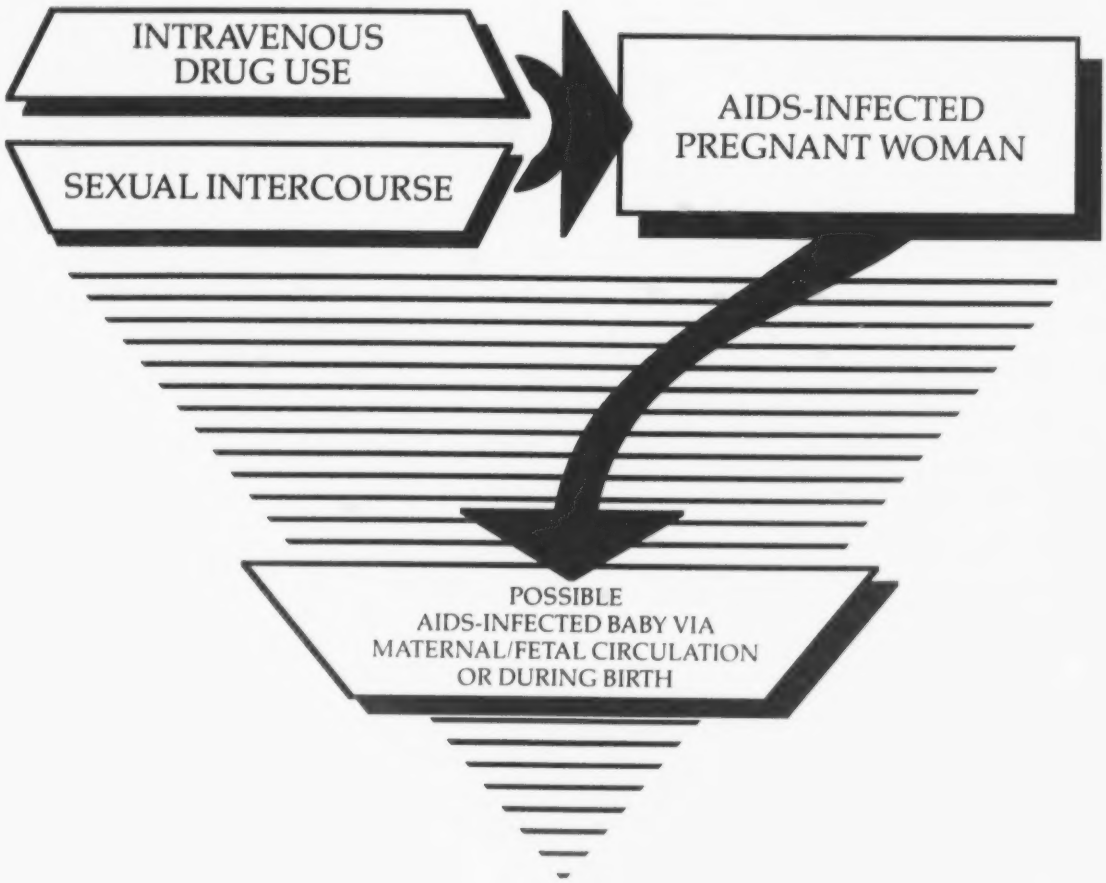
XI Healthful Lifestyles – appreciating the need for responsibility and planning for developing and maintaining a healthful lifestyle. (pp. 38-39)

Values Integration

Reasoning/having accurate information before making decisions

Respect for self and others/planning for a healthy future

PREGNANCY-RELATED AIDS CONTINUUM


INTRAVENOUS DRUG USE
SEXUAL INTERCOURSE
AIDS-INFECTED PREGNANT WOMAN
POSSIBLE AIDS-INFECTED BABY VIA MATERNAL/FETAL CIRCULATION OR DURING BIRTH

LESSON 36c

Grades 9-12

Objective	There are methods of prevention for AIDS.
Learner Outcome	Understand how to prevent the transmission of the AIDS virus to an unborn baby.
Comprehensive Health Education Topic(s)	II Emotional Health V Family Life Education VI Diseases and Disorders VIII Alcohol, Tobacco, and Other Drug Substances XI Healthful Lifestyles
Values Integration	Reasoning: Having accurate information before making decisions. Respect for Self and Others: Planning for a healthy future.
Motivating Activity	Students will develop a pregnancy-related AIDS continuum.
Identification	Students will identify practices that could put a woman at risk to be exposed to the AIDS virus and eventually, if pregnant, to expose her unborn child during pregnancy or at childbirth. Students will draw a continuum that will illustrate the risk factors.
Effective Communication	Students will discuss how a baby can be affected by its parents' practices and what potential consequences might be for individuals wanting to have a family in the future.
Decision Making	Students will decide what actions a person could take to break the continuum at any point. Students will decide how blood tests for prospective parents may protect current and future generations.
Positive Health Behaviors	Students will appreciate the need for a healthful lifestyle that does not put an unborn baby at risk for the AIDS virus.

Teacher Notes for Lesson 37

Background

The debate provides a vehicle for exploring social issues – in this case, the balance between the individual's rights and society's rights. It also provides an opportunity for students to recognize that there is a dual responsibility present: to protect oneself from becoming infected by the AIDS virus and to prevent communication of the AIDS virus to others.

Information for each debate team can be gained by research that will provide current, accurate facts from libraries, local health agencies, etc.

In the past, the individual's rights have predominated in such instances as:

- random drug testing
- nondiscrimination in housing, education, employment.

Society's rights have predominated in such instances as:

- inoculations against tetanus, diphtheria, rubella, etc. for school attendance
- child abuse reporting.

As a part of this lesson, the students will be debating and discussing the following items:

- The screening test reveals whether or not a person has developed antibodies to the AIDS virus. If positive, the test cannot predict whether an individual will remain asymptomatic, develop ARC, or develop AIDS; but, if the test is positive, the individual is capable of transmitting the AIDS virus. Often, a second test may be necessary to confirm results.
- Screening for the entire population would be costly and difficult to organize and accomplish in a short time. Screening would also have to be repeated periodically.
- Screening for selected population groups who may be at risk, (IV drug users, homosexuals, those planning to marry, pregnant women, health care workers, prisoners, prostitutes, immigrants etc.) might miss other individuals who could be spreading the disease.
- Screening and disclosure may result in damage to occupational, professional, or personal status.

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- Screening cannot help the infected individual because there is no present cure for ARC or AIDS.
- Screening can prevent the spread of AIDS by permitting infected individuals to abstain from behaviors that put themselves and others at risk.
- Screening would allow for identification, notification, and counseling of others who may have been exposed to the person with AIDS, to prevent further spread of AIDS.
- Screening can alert women to whether or not they are carrying the AIDS infection and thus protect unborn babies from the risk of infection.
- Screening is presently required by the military and may be required for immigrants.
- Screening can disclose the numbers of people presently infected by the AIDS virus, allowing society to predict the services that will be necessary to meet the needs of infected people as they move through the continuum from asymptomatic to ARC to AIDS. Screening will also allow society to allocate adequate resources to meet those needs.

Syllabus Connection

X Community Health – understanding the importance of developing health services responsive to present and projected community needs and for becoming a contributor to the health of the community. (pp. 36-37)

Values Integration

Majority rule with respect for minority rights/balancing the individual's right to privacy with society's right for public health

Reasoning skills/thinking for oneself

Respect for others/appreciating diverse views

LESSON 37

Grades 9-12

Objective

There are social and economic implications of AIDS.

Learner Outcome

Recognize a balance between rights of an individual and rights of society.

Comprehensive Health Education Topic(s)

X Community Health

Values Integration

Majority Rule with Respect for Minority Rights: Balancing the individuals's right of privacy with society's right for public health.

Reasoning: Thinking for oneself.

Respect for Others: Appreciating diverse views.

Motivating Activity

The class will hold a debate on the following topic:

Resolved: that mandatory AIDS testing is necessary to protect our society.

Identification

Students will identify:

1. How is the AIDS virus transmitted?
2. What does AIDS testing confirm?
3. What are the rights of individuals in our society?
4. What rights does society have to protect itself from spread of disease?

Effective Communication

Students will debate and discuss the debate topic.

After the debate, the students will complete the following:

- I was surprised that _____.
- I learned that _____.
- I would like to know more about _____.

Student will recognize that it is acceptable to hold either point of view.

Decision Making

The class will vote on whether or not mandatory AIDS testing is necessary to protect our society.

Positive Health Behaviors

Students will recognize the balance between the individual's rights and society's rights.

Appendix

Appendix A

Education Law, Regulations of The Commissioner of Education, and Rules of the Board of Regents

The minimum requirements for school health education programs are set forth in the following laws, regulations, and rules:

- Education Law, Section 804
- Commissioner's Regulations, Part 100, Sections 100.2, 100.3, 100.4, and 100.5
- Commissioner's Regulations, Part 135, Sections 135.1(j) and 135.3.

The requirement that each school develop and implement a set of written policies and procedures for dealing with students and employees who use and abuse alcohol, tobacco, and other drugs is set forth in the Regents Action Plan to Reduce Alcohol and Drug Abuse in the Schools (June 1979).

EDUCATION LAW
ARTICLE 17 – INSTRUCTION IN CERTAIN SUBJECTS

Section 804. Health education regarding alcohol, drugs, and tobacco abuse.

1. All schools shall include, as an integral part of health education, instruction so as to discourage the misuse and abuse of alcohol, tobacco, and other drugs and promote attitudes and behavior that enhance health, well-being, and human dignity.

2. Instruction regarding alcohol, tobacco, and other drugs shall be included in the health education provided for all elementary school pupils and shall be taught by the regular classroom teachers or by teachers certified to teach health education. Such instruction shall be designed according to the need and abilities of the pupils at successive grade levels with the purpose of developing desirable health behavior, attitudes, and knowledge as well as self-reliance and problem-solving capacity.

3. Instruction regarding alcohol, tobacco, and other drugs, in addition to continued health guidance in the junior high school grades and the senior high schools, shall be an integral part of a required health education course at each of these levels in the secondary schools curriculum. Any such course shall be taught by teachers holding a certificate to teach health. Related school courses in the secondary school curriculum shall be taught in a manner supportive of health education regarding alcohol, tobacco, and other drugs.

4. The commissioner may prescribe in regulations such health education courses which include instruction regarding alcohol, tobacco, and other drugs as he may deem necessary and desirable for the welfare of pupils and the community. The contents may be varied to meet the needs of particular school districts, or portions thereof, and need not be uniform throughout the state.

5. School authorities shall provide the needed facilities, time, and place for the instruction set forth herein and shall provide learning aids and curriculum resource materials which contribute to effective teaching methods and learning in health education regarding alcohol, tobacco, and other drugs.

6. All pre-service training programs in the state for elementary school teachers shall include adequate preparation regarding the instruction in alcohol, tobacco, and other drugs set forth herein, and no teacher shall be licensed except upon satisfactory demonstration of the competencies included in the institutional proposals approved by the education department.

7. Nothing contained in this section shall be deemed to diminish or impair the duties of the commissioner with respect to the continuing program for critical health problems established by chapter seven hundred eighty-seven of the laws of nineteen hundred sixty-seven as amended. The commissioner shall coordinate actions taken under authority of this section with the provisions of said chapter as they relate to health education in schools, inservice training and training programs, and curriculum or syllabus development regarding the deleterious effects resulting from the use, misuse, and abuse of alcohol, tobacco, and other drugs.

COMMISSIONER'S REGULATIONS
SUBCHAPTER E
PART 100
ELEMENTARY AND SECONDARY EDUCATION SCHOOL PROGRAMS

Section 100.2 General school requirements.

(c) Instruction in certain subjects. Pursuant to Articles 17 and 65 of the Education Law, instruction in certain subjects in elementary and secondary schools shall be provided as follows:

(3) For all students, health education regarding alcohol, drugs, and tobacco abuse, as required by section 804 of the Education Law;

Section 100.3 Program requirements for students in grades prekindergarten through six.

(a) Prekindergarten and kindergarten programs in public schools and in voluntarily registered nonpublic schools.

(1) Each school operating a prekindergarten or kindergarten program shall establish and provide an educational program based on and adapted to the ages, interests, and needs of the children. Learning activities in such programs shall include:

(vi) Instruction in health education for students in kindergarten pursuant to section 135.3(b) of this Title.

(2) Each such school operating a prekindergarten or kindergarten program shall develop procedures to actively involve each child's parents or guardians in such programs.

(b) Program requirements in grades one through six.

(1) Required subjects. During grades one through six, all students shall receive instruction in arithmetic, reading, spelling, writing, the English language, geography, United States history, science, health education, music, visual arts, physical education and, where student need is established, bilingual education and/or English as a second language.

(i) Instruction in health education shall be pursuant to section 135.3(b) of this Title.

Section 100.4 Program requirements for students in grades seven and eight.

(b) Course requirements in grades seven and eight.

(1) Students completing grade eight by June 1986 shall receive instruction in English, social studies, science, mathematics, physical education, health education, visual arts, music, and practical arts.

(2) Except as otherwise provided herein, students completing grade eight in June 1987 or thereafter shall have completed, by the end of grade eight, the following required instruction or its equivalent:

(viii) Health education, 1/2 unit of study, as required by section 135.3(c) of this Title;

(7) The half-unit of study requirement for health education specified in subparagraph (2)(viii) of this subdivision may be provided in grade 6, provided that in public schools such subject shall be taught by teachers certified in health education.

Section 100.5 Diploma requirements.

(a) General requirements for a Regents or a local high school diploma.

(1) Students first entering grade nine in 1982, 1983, or 1984 shall earn at least 16 units of credit or their equivalent, as determined by the commissioner, to receive a local high school diploma and 18 units of credit or their equivalent, as determined by the commissioner, to receive a Regents high school diploma. Such units of credit shall include:

(v) Health, one-half unit.

(2) Students first entering grade nine in 1985 and thereafter, shall have earned at least 18 1/2 units of credit or their equivalent, as determined by the commissioner, in order to receive either a Regents or a local high school diploma. Such units of credit shall include:

(vi) Health education, one-half unit of credit in accordance with the requirements set forth in section 135.3(c) of this Title.

COMMISSIONER'S REGULATIONS
SUBCHAPTER G
PART 135
HEALTH, PHYSICAL EDUCATION, AND RECREATION

Section 135.1 Definitions.

(j) Health education means instruction in understandings, attitudes, and behavior in regard to the several dimensions of health. This instruction relates to alcohol, tobacco, and other drugs, safety, mental health, nutrition, dental health, sensory perception, disease prevention and control, environmental and public health, consumer health, first aid, and other health-related areas.

Section 135.3 Health education. (a) Provision for health education. It shall be the duty of the trustees and boards of education to provide a satisfactory program in health education in accordance with the needs of pupils in all grades. This program shall include, but not be limited to, instruction concerning the misuse of alcohol, tobacco, and other drugs.

(b) Health education in the elementary schools. (1) The elementary school curriculum shall include a sequential health education program for all pupils, grades K-6. In the kindergarten and primary grades, the teacher shall provide for pupil participation in planned activities for developing attitudes, knowledge, and behavior that contribute to their own sense of self-worth, respect for their bodies and ability to make constructive decisions regarding their social and emotional, as well as physical, health. Personal health guidance shall also be provided according to the individual needs of pupils. This guidance shall include the development of specific habits necessary to maintain good individual and community health. In addition to continued health guidance, provision shall be made in the school program of grades 4-6 for planned units of teaching which shall include health instruction through which pupils may become increasingly self-reliant involving their own health problems and those of the group. Health education in the elementary school grades shall be taught by the regular classroom teachers.

(2) All elementary schools shall provide appropriate instruction concerning the Acquired Immune Deficiency Syndrome (AIDS) as part of the sequential health education program for all pupils, grades K-6. Such instruction shall be designed to provide accurate information to pupils concerning the nature of the disease, methods of transmission, and methods of prevention; shall stress abstinence as the most appropriate and effective premarital protection against AIDS, and shall be age appropriate and consistent with community values. No pupil shall be required to receive instruction concerning the methods of prevention of AIDS if the parent or legal guardian of such pupil has filed with the principal of the school which the pupil attends a written request that the pupil not participate in such instruction, with an assurance that the pupil will receive such instruction at home. In public schools, such instruction shall be given during an existing class period using existing instructional personnel, and the board of education or trustees shall provide appropriate training and curriculum materials for the instructional staff who provide such instruction and instructional materials to the parents who request such materials. In public schools, the board of education or trustees shall establish an advisory council which shall be responsible for making recommendations concerning the content, implementation, and evaluation of an AIDS instruction program. The advisory council shall consist of parents, school board members, appropriate school personnel, and community representatives, including representatives from religious organizations. Each board of education or of trustees shall determine the content of the curriculum and approve its implementation, and shall be responsible for the evaluation of the district's AIDS instruction program.

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(c) Health education in the secondary schools. (1) The secondary school curriculum shall include health education as a constant for all pupils. In addition to continued health guidance in the junior high school grades, provision shall also be made for a separate one-half year course. In addition to continued health guidance in the senior high school, provision shall also be made for an approved one-half unit course. Health education shall be required for all pupils in the junior and senior high school grades and shall be taught by teachers holding a certificate to teach health. A member of each faculty with approved preparation shall be designated as health coordinator, in order that the entire faculty may cooperate in realizing the potential health-teaching values of the school programs. The health coordinator shall insure that related school courses are conducted in a manner supportive of health education, and provide for cooperation with community agencies and use of community resources necessary for achieving a complete school-community health education program.

(2) All secondary schools shall provide appropriate instruction concerning the Acquired Immune Deficiency Syndrome (AIDS) as part of required health education courses in grades 7-8 and in grades 9-12. Such instruction shall be designed to provide accurate information to pupils concerning the nature of the disease, methods of transmission, and methods of prevention; shall stress abstinence as the most appropriate and effective premarital protection against AIDS; and shall be age appropriate and consistent with community values. No pupil shall be required to receive instruction concerning the methods of prevention of AIDS if the parent or legal guardian of such pupil has filed with the principal of the school which the pupil attends a written request that the pupil not participate in such instruction, with an assurance that the pupil will receive such instruction at home. In public schools, such instruction shall be given during an existing class period using existing instructional personnel, and the board of education or trustees shall provide appropriate training and curriculum materials for the instructional staff who provide such instruction and instructional materials to the parents who request such materials. In public schools, the board of education or trustees shall establish an advisory council which shall be responsible for making recommendations concerning the content, implementation, and evaluation of an AIDS instruction program. The advisory council shall consist of parents, school board members, appropriate school personnel, and community representatives, including representatives from religious organizations. Each board of education or of trustees shall determine the content of the curriculum and approve its implementation, and shall be responsible for the evaluation of the district's AIDS instruction program.

Appendix B

Sample Adolescent Pregnancy Prevention Projects

Organization	Program Activities
BAINBRIDGE-GUILFORD SCHOOL DISTRICT Bainbridge, NY	Expansion of school-based clinics in one high school and two elementary schools; case management for at-risk high school students; development of community-school advisory board to implement family life education; and family/school workshops on community resources and adolescent concerns.
CHILDREN'S AID SOCIETY New York, NY	Development of an entrepreneurial opportunity for 30 Harlem youth from Community School District #5 by running a general store; employment readiness training; development of a family life/sex education curriculum for parents and teens incorporating the National Black Theater.
COMMUNITY SCHOOL DISTRICT #5 New York, NY	Targets 100 seventh grade students in Central Harlem for afterschool programs including basic education skills, tutoring, counseling, creative activities, and career options.
HAITIAN CENTERS COUNCIL New York, NY Spring Valley, NY	Targets Haitian students in 12 high schools in Queens, Brooklyn, Manhattan, and Spring Valley for workshops, rap groups, and individual/group counseling in schools; development of linkages with community services; and, development of Haitian Teen Help Line.
ST. JOHN'S EPISCOPAL HOSPITAL, SOUTH SHORE Queens, NY	Targets 60 ninth and tenth grade high-risk teens and parents at Far Rockaway High School for case management and workshops for teens and parents on communication and sexuality; volunteer "work" experience for adolescents with hospital staff acting as mentors.
ST. MARY'S SCHOOL FOR THE DEAF Buffalo, NY	Development of a family life education program for the families of hearing-impaired adolescents, to enhance intrafamilial communication, focusing on the development of decision-making skills and vocabulary/concepts regarding sexuality, pregnancy, and parenthood.

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WYANDANCH YOUTH SERVICES
Wyandanch, NY

Development of a comprehensive school-based family life education which includes group workshops on self-expression, sexual responsibility, with much of the program implemented by teen parent leader groups at the Wyandanch School District.

Appendix C

Information on Condoms

Abstinence from sexual activity is the only sure protection against HIV transmission. The Surgeon General of the United States, the Centers for Disease Control, and State and local health departments have included condom use as one of the strategies for further preventing the spread of HIV. The Board of Regents view the use of condoms as extremely high risk behavior. The view that condoms should or can be used as a way to reduce the risk of transmission of AIDS should not be supported. The known failure rates for condoms present an unacceptable risk. Individuals, knowing the risk and persisting in the use of condoms, should be strongly cautioned about the risks of condom failure.

Information about condoms is being released regularly by scientists, researchers, and clinicians. Such information is published in various professional publications, presented at professional conferences, and discussed and reported by the general media. Files should be kept current. As all of this information becomes available, several conflicting issues arise from the data related to: effectiveness in preventing transmission of HIV, wide discrepancies in reported failure rates, and product safety (quality and type of material, defective manufacture, proper storage, stress level).

Before drawing inferences from any of the data, it may be helpful to consider the following:

- Some studies report laboratory data that is carried out strictly under controlled conditions. The results of studies conducted under less controlled conditions may be different and hard to compare.
- Condom failure rates are reported in studies relative to family planning, sexually transmitted diseases, and AIDS. Motivation for use and proper use may vary depending on the purpose of use – to prevent getting a potentially fatal infection rather than to prevent a pregnancy.
- Studies relating to condom use for protecting against HIV are relatively new. In the rush to release information, validity and reliability of studies may be lacking.
- Whether comparisons can be made about effectiveness in all settings, under all conditions, and for all purposes has yet to be determined regarding condom use in prevention of HIV.
- Authors at times fail to differentiate between the issues of whether poor technique in using condoms contributed to the fact that the condom failed or whether the condom itself failed due to rips, tears, holes, etc. Readers, at times, draw their own conclusions.
- There are far more studies in the literature on condom use related to family planning and sexually transmitted diseases, and these studies serve as the basis for determining ranges of condom failure. Whether they can be compared against HIV has yet to be determined.

Appendix D

Current Information on AIDS

This brief overview provides administrators and teachers with a general understanding of AIDS. It should be supplemented as needed with other texts on the subject. Knowledge about the disease and its effects on individuals is constantly being updated. **Administrators and teachers should periodically review and update this information to assure that it is accurate.** In the sections "Description and Cause of AIDS," 'Clinical Manifestations," "Transmission," and "Incidence," cited data related to New York State and New York City have been provided by the New York State Department of Health and the New York City Department of Health as reported to the Centers for Disease Control. These data represent the combined statistics for New York State. National statistics listed herein have been provided by the Centers for Disease Control.

Description and Cause of AIDS

- Acquired Immune Deficiency Syndrome (AIDS) is a disease caused by a virus that attacks the body's immune system, making infected people vulnerable to opportunistic infections, cancer, and neurological disorders.
- The AIDS virus (called Human Immunodeficiency Virus-HIV*) primarily attacks certain white blood cells (called T-Lymphocytes or T-4 helper cells) that are part of the body's internal defense against disease. The virus may also attack the central nervous system.
- An infected person's immune system responds by developing antibodies to fight off the invading virus. It is these antibodies to HIV, and not the virus itself, that can be identified by a blood test before a person has any signs of illness. However, the body's ability to produce disease-fighting antibodies eventually becomes limited in HIV-infected persons as the virus reproduces and multiplies, killing the critical T-4 cells it has infected.

Clinical Manifestations

- HIV infection* may lead to disease* which can take many forms. It ranges from the complete absence of symptoms to mild illness, to debilitating neurological disorders, and to fatal disease.
- The condition called AIDS represents a syndrome of late-stage diseases in which the immune system is unable to fight off other viruses, bacteria, protozoa, and fungi, resulting in infections and diseases that eventually cause the death of the individual.
- The condition called AIDS Related Complex (ARC) refers to individuals who have a suppressed immune system and symptoms of AIDS but no specific opportunistic infections. For an unknown percentage of individuals, ARC is a precursor to AIDS.
- About three percent of HIV-infected people have so far developed AIDS; three to five times as many HIV-infected people have ARC. Most infected people have no signs or symptoms of illness and may be unaware they have even been exposed. As of July 1987, 38,312 persons had contracted AIDS in the United States. About 1.5 million people have been infected with HIV, according to the Centers for Disease Control.
- The onset of symptoms associated with either ARC or AIDS may take from six months to five or

* The virus that causes AIDS has also been called HTLVIII (Human T-Lymphotropic Virus III) and LAV (Lymphadenopathy-Associated Virus) by some scientists. Currently it is designated as HIV in order to standardize its identification in publications worldwide.

* HIV infection: often used to describe the condition before symptoms of disease occur. Infection can be indicated within weeks of its occurrence by the HIV antibody test.

* Disease: symptoms and illness

more years to appear after the virus has entered the body. At this time most individuals exposed to HIV do not develop either ARC or AIDS, although they are carriers of the virus and are capable of infecting others.

- Symptoms related to ARC include:
  - loss of appetite
  - weight loss
  - fever
  - night sweats
  - skin rashes
  - diarrhea
  - tiredness
  - lack of resistance to infection
  - swollen lymph glands.

  The symptoms are likely to be milder than those found in persons with AIDS and generally are present in a cyclic fashion with illness followed by periods of wellness.

- The symptoms that individuals with AIDS develop are related to the opportunistic diseases that have taken advantage of the compromised immune response due to HIV infection. These symptoms are usually persistent and difficult to treat, and they progressively debilitate the person to the point of death. As noted in the New York State Department of Health's booklet *100 Questions and Answers – AIDS*, they may include:
  - extreme tiredness, sometimes combined with headaches, dizziness, or lightheadedness
  - continued fever or night sweats
  - weight loss of more than 10 pounds that is not due to dieting or increased physical activity
  - swollen glands in the neck, armpits, or groin
  - purple or discolored growths on the skin or the mucous membranes (inside the mouth, anus, or nasal passages)
  - heavy, continual dry cough that is not from smoking or that has lasted too long to be a cold or flu
  - continuing bouts of diarrhea
  - thrush (a thick whitish coating on the tongue or in the throat), which may be accompanied by sore throat
  - unexplained bleeding from any body opening or from growths on the skin or mucous membranes
  - bruising more easily than usual
  - progressive shortness of breath
  - confusion, lethargy, forgetfulness, lack of coordination, general mental deterioration.
- Specific diseases that generally don't affect healthy adults are linked with HIV infection. In the United States, about 85 percent of the people with AIDS have had one or both of two rare diseases: Pneumocystis carinii pneumonia (PCP) and Kaposi's sarcoma (KS), a rare cancer. Individuals with AIDS also develop severe infections with yeast, cytomegalovirus, herpes, and toxoplasma.
- The incubation period before any symptoms of HIV disease appear varies significantly from person to person. Many infected people develop symptoms within two years of exposure. Others, infected up to seven years ago, have not yet shown any signs of illness. Since AIDS is a new disease, only recognized in 1981, the maximum incubation period has not yet been identified. Extensive research is in progress to identify potential internal or external cofactors that may cause some infected people to become fatally ill, while others have milder symptoms or remain symptom-free.
- The American Medical Society's Committee on Alcoholism and Other Drug Dependencies urges groups at risk for exposure to HIV to abstain from alcohol use. The reason for this is that alcohol has immune-suppressant properties which could increase the risk of disease in persons who have already been exposed to the virus.

Transmission

Unlike flu or measles, HIV is not transmitted through the air; it must get into the bloodstream to cause infection. For this reason, HIV-infected people don't pose a risk to others through any form of casual contact. There is no evidence that AIDS is transmitted through coughing, sneezing, food preparation, drinking fountains, toilet seats, being around an infected person on a daily basis, or donating blood.

HIV is carried in blood, semen, vaginal secretions, and other body fluids including tears and saliva* of an infected person. It is transmitted from one person to another by three routes: 1) through sexual intercourse (physical sexual contact between individuals that involves the genitalia of at least one person – includes vaginal intercourse, oral intercourse, and anal intercourse), 2) through parenteral exposure to infected blood, and 3) from infected women to their infants during the perinatal period.

* Although HIV is found in urine, tears, and saliva, there is no evidence to date supporting transmission of the virus through exposure to these body fluids.

Sexual transmission of the AIDS virus occurs during intercourse. It is thought that it happens through abrasions or tiny, unfelt tears that may occur in delicate tissues. Such tissue breaks can allow infected semen, blood, or vaginal fluid to enter the bloodstream of a sex partner. Anal intercourse is most risky, since tissue tearing and bleeding are likely to occur.

Transmission through parenteral exposure to infected blood occurs in persons sharing contaminated needles, syringes, and works during intravenous (IV) drug use. Small, even invisible, particles of infected blood can remain in the drug paraphernalia and can be injected into the bloodstream of the next user.

The risk of AIDS transmission through blood transfusions has been almost eliminated since all blood banks began testing donated blood for antibodies to HIV in 1985. There may be some risk to receiving blood if it was too early for the virus to show up when donor blood was tested. Blood-donor testing has been so effective it has reduced the risk of AIDS from blood transfusion to one in a million. There is no risk of AIDS from donating blood; blood collection centers use new transfusion equipment for each donor.

All infected people, whether or not they have any symptoms, are presumed capable of transmitting the virus to others through blood-to-blood or semen-to-blood exchange, or through vaginal secretions-to-blood exchange.

Incidence

Since the initial recognition of the AIDS virus in 1981, AIDS has become a global problem. Researchers predict that up to 10 million people already may be infected with HIV; about 1.5 million live in the United States. During the six years since AIDS was discovered in the United States (1981-1986), over 38,000 Americans have been diagnosed with AIDS and more than 50 percent of these people have died; 11,760 cases have occurred in New York State. Scientists project that as many as 500,000 New York residents, mostly in New York City, are infected by HIV and that the total number of AIDS cases in the State will reach 45,000 by 1991.* It is thought by some, that in New York City the incidence of deaths from AIDS may be higher for male and female IV drug users than for homosexual men.

In New York State, about 58 percent of all people diagnosed with AIDS are homosexual and bisexual men; about 32 percent are male and female IV drug users; one percent are people who received infected blood transfusions; two percent are heterosexual contacts of infected persons; and two percent are children born to infected mothers. The other five percent are of undetermined origin. (Case information cannot be completed due to death, refusal to be interviewed, or loss to follow-up).

Research has yet to determine how broadly HIV infection is spreading within the general population.

> There is a broad spectrum of opinion about the extent of the likely spread in the United States of HIV infection in the heterosexual population, but there is strong agreement that the present surveillance systems have only limited capacity to detect such spread.
>
> Overall, the committee (Committee on a National Strategy for AIDS) concludes that over the next 5 to 10 years there will be substantially more HIV infections in the heterosexual population and that these cases will occur predominantly in those subgroups of the population at risk for other sexually transmitted diseases.*

Major Risk Factors

Persons at increased risk for being infected with the AIDS virus include:

- homosexual and bisexual men
- present or past IV drug abusers
- sex partners of IV drug abusers
- male or female prostitutes and their sex partners
- sex partners of infected persons
- all persons with hemophilia who received blood-clotting factor and transfusions prior to 1985
- children born to infected mothers.

Prevention

There is no vaccine against AIDS or any treatment so far that can reverse AIDS damage to the immune system. People must learn how to protect themselves and their loved ones from this infection. It is essential that students gain knowledge and skills to protect themselves before they reach an age at which they might experiment with sex or illegal drugs. Following are some basic elements of AIDS information related to prevention.

The elements described will need to be adapted to varying degrees of specificity. Schools and their impor-

* This data is accurate as of July 1987.

* Source: Institute of Medicine: National Academy of Sciences. *Confronting AIDS, Directions for Public Health, Health Care and Research*. Washington, D.C. National Academy Press, 1986.

tant community institutions, such as religious organizations, families, and voluntary organizations, will need to adapt the presentation of this information to fit within their value systems. Within this framework, individuals will be able to determine responsible behavior, thereby avoiding adverse health consequences to themselves and others.

The specific wording and style of presentation, once developed, should be pretested on representative samples of the intended audiences to ensure effectiveness. Expert advice, consultation, and creative assistance can be provided by public and private health education experts.

The following information has been adopted from materials distributed by the Centers for Disease Control, Atlanta, Georgia, and the New York State Department of Health.

INDIVIDUALS IN ALL GROUPS NEED TO KNOW:

1. **Current information on the seriousness of the disease**
2. **How the AIDS virus is spread**
   - The AIDS virus has been shown to be spread from an infected person to an uninfected person by:
     - sexual contact (penis/vagina, penis/rectum, mouth/rectum, mouth/genital)
     - sharing needles or works used in injecting drugs
     - an infected woman to her fetus or newly born baby
     - transfusion or injection of infectious blood or blood fractions.
   - An individual can be infected with the virus that causes AIDS without having symptoms of AIDS or appearing ill. Infected individuals without symptoms can transmit the infection to others. Once infected, a person is presumed infected for life, but actual symptoms may not develop for many years.
   - A single exposure to the AIDS virus may result in infection.
3. **How the virus is NOT known to be spread**
   - There is no evidence that the virus is spread through casual social contact (shaking hands, social kissing, coughing, sneezing; sharing swimming pools, bed linens, eating utensils, office equipment; being next to or served by an infected person). There is no reason to avoid an infected person in ordinary social contact.
   - It is not spread by the process of giving blood; new transfusion equipment is used for each donor.
   - It is not spread by sexual intercourse between individuals who have maintained a sexual relationship exclusively with each other, assuming that they have not been infected through contaminated blood, blood factors, IV drug use, or a previous sexual partner.
4. **How to prevent infection**
   - Infection through sexual contact can be avoided by practicing abstinence or having a mutually monogamous marriage/relationship with no known risk factors in either partner. Young people can stay safe from AIDS by not having sex. They need to know it is all right to say no. In addition to the risk of AIDS, there are other health reasons to postpone sex, including the risk of gonorrhea, syphilis, and herpes, and unplanned pregnancies.
   - Do not use IV drugs; do not share needles or works. Young people can stay safe from AIDS by not using IV drugs. They need to know it is all right to say no not only to IV drugs but to alcohol and drugs of any kind, as these impair judgment. In addition to the risk of AIDS, there are many other health reasons for abstaining from illegal drug use.
   - If already sexually active:
     - Until you ask a lot of questions about his or her past sexual experience and drug use, don't have sex with anyone.
     - The more people you have sex with, the greater the chances you may get infected, so don't have sex with multiple partners.
     - With infected persons, using a condom during sex may help keep the virus from getting into your body. A condom is a thin rubber covering that is slipped over the penis before any sexual contact. See Appendix C.
     - The chance of blood or semen entering your bloodstream is very high during anal sex, since it can cause tearing of delicate tissues, so avoid anal sex.
     - Drugs and alcohol can lead you to do things you wouldn't do drug-free, so don't drink alcohol or use drugs of any kind.
5. **If there is suspicion of infection**
   - Abstain from sexual intercourse.
   - Seek counseling and AIDS virus antibody testing to be sure of infection status. Be aware that weeks to months may elapse from the time of infection to the time that antibodies to the AIDS virus appear in the blood. During this

time persons may be infectious but the test may be negative.

- Obtain counseling and testing if pregnancy is being considered.

6. **How to get more information about AIDS**
   - Call an AIDS hotline number.
   - Call a personal physician, health department, or an AIDS community service organization.
7. **Information which will emphasize the seriousness of the problem, yet reduce inappropriate fear**
   - AIDS is a national emergency requiring attention from all citizens.
   - If people change their behaviors, the spread of the AIDS virus can be reduced.
   - Blood for transfusion in the United States is screened for antibodies to the AIDS virus and is now essentially safe, but some risks cannot be eliminated.
   - Everyone who engages in high-risk behavior is at risk for AIDS, regardless of age, race, or socioeconomic status.

Research and Treatment

Researchers in the United States and other countries are working diligently to develop a vaccine to protect people from HIV. Vaccine development is made more difficult because the virus can alter its form in the human body. There is no cure for AIDS at this time, nor is there any treatment that can restore the function of the immune system. A number of antiviral drugs including AZT (Azidothymidine) are being tested on patients. While AZT has shown some promise in curbing the ability of the virus to reproduce itself inside human cells, the drug is highly toxic and has serious side effects. Some drugs used in cancer control, such as Interferon, are also being tried with AIDS patients.

Societal Issues

When a disease epidemic threatens society, the needs of all people must be considered: those already infected with the disease, those threatened by the disease, and those who will provide support for others.

In the past, once treatment or medical prevention for an epidemic infection was easily available, society sought to protect itself by providing information to as many people as possible through school-based courses and educational campaigns and, in some cases, by requiring mass strategies such as immunization (polio) or premarital blood tests (syphilis).

As the number of AIDS cases mounts, this epidemic will have a significant and long-term impact on interpersonal and family relationships, medical care delivery, public policies, and health care resources. Because there is no available treatment, tremendous fears exist. Education must be used to curb those fears that can lead to discriminatory behavior against people with AIDS. The rights of people with AIDS must be weighed and protected within the framework of disease prevention and with relation to the rights of those not infected.

Resources for More Information and/or Counseling

The following is a sample listing of available resources. Please review your own community for others.

Telephone Hotlines (Toll-Free)

Public Health Service AIDS Hotline
1-800-342-AIDS

New York State Department of Health AIDS Hotline
1-800-541-AIDS

Information Sources

U.S. Public Health Service
Public Affairs Office
Hubert H. Humphrey Building
Room 725-H
200 Independence Avenue, SW
Washington, DC 20201
(202) 245-6867

AIDS Institute
Education and Training
New York State Department of Health
Corning Tower – 25th Floor
Empire State Plaza
Albany, NY 12237
(518) 473-7924

American Red Cross
AIDS Education Office
1730 D Street, NW
Washington, DC 20006
(202) 737-8300

Hemophilia Foundation
104 East 40th Street
New York, NY 10016
(212) 682-5510

New York City

Department of Health: AIDS Information
Questions about HIV, about AIDS, and about being at risk
(718) 485-8111

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New York State HIV Counseling and Testing

For free, confidential counseling, testing, and referrals, call regional hotline and ask for an HIV counselor or a State health investigator.

Albany area (518) 457-7152
Buffalo area (716) 847-4520
Nassau area (516) 535-2004
New Rochelle area (914) 632-4133 Ext. 439
Rochester area (716) 423-8081
Suffolk area (516) 348-2999
Syracuse area (315) 428-4736

Community Service Programs in New York State

For free, confidential assistance, call regional area programs.

AIDS Council of Northeastern NY
Albany (518) 445-AIDS

Western NY AIDS Program, Inc.
Buffalo (716) 881-AIDS

Long Island Association for AIDS Care, Inc.
Nassau and Suffolk Counties (516) 385-AIDS

Mid-Hudson Valley AIDS Task Force
Westchester County (914) 993-0607

AIDS Rochester, Inc.
Rochester (716) 232-4430

Central NY AIDS Task Force
Syracuse (315) 475-AIDS

Southern Tier AIDS Task Force
Binghamton (607) 723-6520

Hemophilia Foundation
NYC (212) 682-5510

Montefiore Hospital
Bronx (212) 920-4017

Pediatrics and Pregnant Women

Albert Einstein College of Medicine
(212) 430-3333

Drug-Related Issues

New York State Division of Substance Abuse Services
1-800-522-5353

Urban Resource Institute
Brooklyn (718) 852-8042

Beth Israel
NYC (212) 420-2650

Substance abuse treatment or prevention program in your community.

Appendix E

Compendium of Teacher Vocabulary Lists

Abstinence – No sexual intercourse, no IV drug use.

Acquired Immune Deficiency Syndrome – A disease caused by a virus which breaks down the body's immune system, making it vulnerable to opportunistic infections and cancer.

Addiction – Habitual use of a substance (like IV drugs) and inability to stop the craving for such a substance.

AIDS – The initials for the disease "Acquired Immune Deficiency Syndrome." A disease caused by a virus which breaks down the body's immune system, making it vulnerable to opportunistic infections and cancer.

AIDS virus (HIV) test – A test used to detect antibodies against the AIDS virus (HIV) in blood samples. This test does not detect AIDS but rather the presence of the virus that can cause AIDS.

Antibodies – Substances in the blood produced by the body's immune system to fight against invading organisms.

Antigen – A substance that stimulates the production of antibodies.

ARC – AIDS Related Complex. A condition caused by the HIV in which an individual tests positive for HIV and has a specific set of clinical symptoms that are often less severe than those of AIDS.

Asymptomatic – No apparent symptoms of illness even though the individual tests positive for HIV.

Birth – The act or process of being born.

Bisexual – A person who has sexual preference for both males and females.

Blood transfer – The act of transmitting blood from one individual to another. In pregnancy it would occur between the mother and unborn baby through maternal/fetal circulation.

Carrier – A person who harbors a specific infectious agent, in the absence of clinical disease, and serves as a potential source of infection.

Casual contact – The usual daily interaction between people at work, in school, or in social situations.

Communicable disease – A disease that is transmitted directly or indirectly from one person to another. It is caused by bacteria, viruses, and other organisms or their toxic products.

Condom – A sheath used to cover the penis. Condoms come in a variety of materials. Rubber is a material that prevents penetration of HIV and does not break as easily as other substances. Used during sexual intercourse to prevent the transmission of semen, blood, or vaginal secretions and to protect against the AIDS virus (HIV). See Appendix C.

Contaminated needle/works – A needle or works that has been previously used, with infected blood or blood particles left on the needle/works to be passed on to the next user.

Droplet spray – Organisms that are projected in droplets of water when an infected person coughs or sneezes and are received in the eyes, nose, or mouth of a nearby person.

Fetus – Unborn baby developing in the uterus after the end of the second month of pregnancy. Before eight weeks it is called an embryo.

Heterosexual – A person who has sexual preference for a person of the opposite sex.

HIV – The Human Immunodeficiency Virus. It causes AIDS by attacking the body's immune system, making infected people vulnerable to fatal infections, cancer, and neurological disorders.

Homosexual – A person who has sexual preference for a person of the same sex.

Host – Any person in whom an infectious agent can live and multiply.

Illegal drugs – Drugs that are not obtained through legal means or for legitimate medical purposes.

Immune system – A body system that helps fight off invading organisms and disease.

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Immunization – A method of producing resistance to an infectious disease, usually by vaccination or inoculation.

Incubation period – The time interval between invasion by an infectious agent and appearance of the first sign or symptom of the disease in question.

Infected partner – Individual in a sexual relationship who is carrying the AIDS virus (HIV) in his/her body.

Infectious agent – An organism (virus, bacterium, etc.) that is capable of producing infection or infectious disease.

Intravenous drugs – Drugs that are administered through a needle and syringe and injected directly into a vein and thus into the bloodstream.

Kaposi's sarcoma – A cancer or tumor of the blood and/or lymphatic vessel walls. It usually appears as blue-violet to brownish skin blotches or bumps.

Lymphocyte – A type of white blood cell that is produced in the bone marrow. Some of these cells migrate to the thymus, where they develop as T-cells. Other lymphocytes that mature in the bone marrow or in organs other than the thymus are called B-cells. The B-cells manufacture antibodies, and the T-cells regulate antibody production. In healthy people about 60 percent of circulating lymphocytes are helper T-cells. With AIDS, only about two percent of the lymphocytes are helper T-cells. With fewer helper T-cells, the body is unable to recognize and attack invading organisms.

Method of entry – Manner in which organisms enter the host's body.

Method of escape – Manner in which organisms leave the host's body.

Mode of transmission – Manner in which an infectious agent is transmitted from one person to another.

Monogamous – Having sexual intercourse with only one individual over a very long period of time.

Needles and works – Devices used to prepare and inject drugs directly into the vein and thus into the bloodstream.

Noncommunicable disease – A disease that is *not* transmitted from person to person.

Opportunistic infection – An infection caused by a microorganism that rarely causes disease in persons with a normal immune system.

Organism – Any living thing, such as a virus, a bacterium, etc.

Pneumocystis carinii pneumonia – The most common life-threatening opportunistic infection diagnosed in AIDS patients. It is caused by a parasite, Pneumocystis carinii.

Pregnancy – The condition of having a developing embryo or fetus in the body.

Risk factor – Activity that makes a person more susceptible or more likely to be exposed to the AIDS virus (HIV).

Semen – The fluid that is expelled from the penis during sexual activity.

Sexual abstinence – Not having sexual intercourse with another person.

Sexual intercourse – Physical sexual contact between individuals that involves the genitalia of at least one person. Includes vaginal intercourse, oral intercourse, and anal intercourse.

Spectrum – A range of factors associated with HIV infection or a range of outcomes.

Susceptible host – A person not possessing sufficient resistance against a particular organism to prevent contracting the infection when exposed to the organism.

T-cells – A class of lymphocytes that play a major role in carrying out the activities of the immune system. Some T-cells are called helper T-cells.

Transmission – The passing of infectious agents from one person to another.

Uterus (womb) – Hollow, muscular, pear-shaped organ in females in which the unborn baby develops.

Vaginal secretions – Fluids within the vaginal tract.

Virus – A microscopic organism that can cause infections.

Additional Notes